Parent Permission Form for Travel - 2019
PRINT AND FILL OUT

As the parent/guardian of ___________________________ (participant’s whole name), I hereby give my permission for him/her to leave campus with the following individual(s):

Authorized Person(s) for pick-up (as listed on ID):______________________________________________

Authorized Person(s) cell phone number:________________________________________________________

Authorized Person(s) for pick-up (as listed on ID):______________________________________________

Authorized Person(s) cell phone number:________________________________________________________

Location (Pick up/drop off):____________________________________________

On the following date and time: _________________________________

Participants will not be released to any person not listed on this form. Any person authorized to pick up a participant must be listed on this form. Authorization by telephone will not be accepted. Pick up individuals must have ID available when picking up Participant.

I understand that while my son/daughter is away from the program, as authorized above, s/he is not the responsibility of the SRAP Program. I understand that decisions as to allowable activities and locations visited while my student is away from SRAP are solely my responsibility and that such travel must not interfere with SRAP’s work program or scheduled extracurricular activities.

________________________________________________________________________

Parent/Guardian Name Parent/Guardian Signature Date

THIS FORM CAN ONLY BE SIGNED BY THE PARTICIPANT’S PARENTS OR LEGAL GUARDIAN. All blanks must be completed.

LEAVE THIS FORM AT HOME FOR YOUR PARENTS TO USE AS NEEDED.

This form may be mailed or scanned and emailed, or brought to SRAP 2019.

EPSCoR – UW
Attention: Lisa Marie Abeyta
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Laramie, WY 82071
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