

**NYE COUNTY SCHOOL DISTRICT
RELEASE OF PUPIL TO LEGAL AUTHORITY**

Name of Pupil DOB Grade

Name of Parent/Guardian Daytime Phone

Mailing Address

Physical Address

Reason for Release of Pupil

Parent/Guardian contacted by officer who is taking legal custody of pupil: Yes No

If no, explain:

Attempt is made by school official to contact parent/guardian: Yes No

Officer Signature

Witness Signature

Dept

Title

Date

Date