

Custody release form

Please fill out the following for the safety of your youth.

Youth's Full Name: _____

If parents are separated or divorced, who has primary custody?

First Name: _____

Last Name: _____

Address: (please include town/zip) _____

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Authorization is required if someone one other than above named parent/guardian will be picking up your youth.

First Name: _____

Last Name: _____

Address: (please include town/zip) _____

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Relationship to youth: _____