

*Lincoln-Way Area Special Education
Joint Agreement District #843*

601 WILLOW STREET • FRANKFORT, IL 60423 • PHONE: (815)806-4600 • FAX: (815)806-4601

**AUTHORIZATION FOR CONSENT TO RELEASE STUDENT FROM DISTRICT #843 BUS DRIVER
SCHOOL YEAR _____**

Student Name: _____ Date of Birth: _____

I hereby authorize the bus driver employed by Lincoln-Way Area Special Education Joint Agreement District #843 to release my child to one of the following adults in my absence at the bus drop-off location:

Name

Relationship

Name

Relationship

Name

Relationship

This authorization is valid for one calendar year from the date below unless otherwise specified. I understand that it is my responsibility to update the transportation office for Lincoln-Way Area Special Education District #843 if there are any changes to this list.

Parent/Guardian Signature

Date