



Hollywood Hills High
Broward County Public Schools

EARLY SIGN OUT AUTHORIZATION FORM

Main # 754-323.1050

Please complete each part of this form in order to allow your child to leave after testing has concluded. This is the only method of early release authorization that will be accepted on testing day.

NAME: _____

STUDENT ID: _____

GRADE: _____

I hereby authorize my student to leave school early on _____, 2021 after the FSA/EOC or AP administration has concluded. I understand that my student must make arrangements with their teachers to make up any work missed.

PARENT'S NAME: _____

PARENT'S SIGNATURE: _____

YOU MUST PROVIDE A COPY OF THE PARENT/GUARDIAN'S DRIVER'S LICENSE BELOW
OR STAPLED BEHIND THIS PAPER. THANK YOU.