

Stoneman Douglas

STUDENT TESTING

EARLY SIGN OUT AUTHORIZATION FORM

Main # 754-322-2150 / Student Affairs # 754-322-2163

The purpose of this form is to obtain the parent/guardian's dismissal permission. The parent/guardian MUST be the one to fill out this form and sign the form below. On the day a student has finished their AP/FSA/EOC test, the student may be released from school with parental/guardian authorization as given by this form. A new form must be completed and submitted each time that a student is to be released during testing days. The form must be filled out completely and a clear copy of parent/guardian ID must be attached in order for the student to be allowed off campus. Students will only be permitted to leave at the conclusion of the test. Students will not be permitted to leave campus while the test is stillin progress.

| | | Student Informa | tion | |
|--|--|----------------------|--------------|---|
| Student Name (Print) | Last: | | | First: |
| Student Number | | | | |
| Grade Level | | | | |
| Date of Release (mm/dd/yyyy) | 10/12/2022 | | | |
| Name of Test | PSAT | | | |
| Indicate the method the student will use to get home, please be as specific as possible. | Pick up in car line Drive themselves Walk home Bike home Other (please explain): | | | |
| | F | Parent/Guardian Info | ormation | |
| Parent/Guardian Name (Print) | | st: | | First: |
| Parent/Guardian phone number | | | | |
| Parent/Guardian email address | | | | |
| PARENT/GUARDIAN NAME: (PR | · | | | |
| | | | | e authorizes the early dismissal of the |
| student from school. | i i guai uia | in or the student me | THOTICG GDOV | o dathonizes the early distillissal of th |

REMINDER: A CLEAR COPY OF A PHOTO ID FROM THE PARENT/GUARDIAN <u>MUST BE</u> ATTACHED FOR STUDENT RELEASE TO BE GRANTED.