



REUNIFICATION INFORMATION *(Please print clearly)*
Remove photo ID and show to school personnel when asked.

Student's name _____

Student's grade _____ Student's cell phone number _____

Your name _____

Signature _____

Your phone number _____

Your relationship to student _____

Photo ID matches approved person: Yes No

Student's name _____

Student's grade _____

Student's birthday _____

SCHOOL PERSONNEL COMPLETE UPON STUDENT'S RELEASE

Time: _____ Initials: _____ Other: _____

REUNIFICATION

Thank you for your patience! We share the same goal: reuniting you with your student as quickly as possible. Please work with our staff as they manage the difficult circumstances that have led to this unusual student release.

INSTRUCTIONS

1. Please complete the information on the other side of this card.
2. Prepare to show your ID to staff. If you don't have ID with you, please move to the side for manual verification.
3. Select the check-in line based on your student's last name.
4. After you check-in, staff will separate this card. Someone will recover your student and direct you to the Reunification Area. Please go there to collect your student.
5. A counselor may be available to meet with you. If you want to talk with a counselor, ask a staff member for assistance.
6. Staff members have many students and parents to work with. Working with them will make this go smoother for all of us. Thanks again for your patience during this process.

PARENT/GUARDIAN AUTHORIZATION

I have read and understand these instructions.

Print your name _____ Date _____

Signature _____

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