

UPWARD BOUNDThe University of Virginia's College at Wise



STUDENT RIDE RELEASE

Student Name				
		Last	First	Middle
PARENT/GUARDIAN INSTRUCTIONS Please complete <u>ONLY ONE</u> of the two following sections. After doing so, read the acknowledgement section, sign, and date where indicated.				
		OPTION A choose to NOT restrict my pecific list of individuals.	– Unrestricted Ride Rele child's transportation fr	
OPTION B − Restricted Ride Release Only the individuals I have listed below have my permission to transport my child, named above, from Upward Bound events.				
		Name	Relationship to Student	Phone Number
	1			
	2			
	3			
	4			
	5			
	*Use	the back of this form to include addi	tional individuals who may transpor	rt your child from UB events.
	contact me and/or any authorized individuals listed above. • I understand it is my responsibility to notify the UB office of any changes to my child's ride release or additions to my list of authorized individuals prior to that person attempting to transport my child.			
Parent/Guardian Signature				Date