



**JORDAN-ELBRIDGE**  
**CENTRAL SCHOOL DISTRICT**

High School: 5721 Hamilton Road • Mailing: P.O. Box 901, Jordan, NY 13080  
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**Dan Stadtmiller**

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**AUTHORIZATION FOR RETURN TRANSPORTATION**

I, \_\_\_\_\_, am the parent of \_\_\_\_\_,  
(Parent's name) (Student's name)

at the \_\_\_\_\_ within the Jordan-Elbridge Central School District.  
(Middle/High School)

I hereby authorize the District to release the above named student to the following individuals for purposes of providing return transportation from an athletic contest or extracurricular activity.

**Name of Authorized Individual(s)**

**Relationship to Student**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent)