

**BOLTON CENTRAL SCHOOL  
P.O. BOX 120  
26 HORICON AVE.  
BOLTON LANDING, NY 12814**

**STUDENT RELEASE**

I, \_\_\_\_\_, hereby accept responsibility for and authorize the  
release of \_\_\_\_\_ for the purpose of \_\_\_\_\_  
Student's Name Reason  
at \_\_\_\_\_.  
Time

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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