

**LOGAN CITY SCHOOL DISTRICT**

**DEPARTMENT OF SPECIAL EDUCATION AND  
DEPARTMENT OF TRANSPORTATION**

**PARENTAL/GUARDIAN RELEASE**

I, parent or legal guardian, \_\_\_\_\_, give consent for my student,  
(Print Name)  
\_\_\_\_\_ (must be at least 12 years old) to be released from the transportation  
provided by the Cache County School District on his/her own recognizance. I understand  
that this is a voluntary decision that requires my affirmative approval prior to the  
unsupervised release from the transportation provided by the District. I give my full  
permission as the student's legal representative to allow my student such unsupervised  
discharge from the bus.

I understand that there are certain risks and dangers that may be associated with this  
decision.

Notwithstanding the risks and dangers, I authorize my student to be allowed unsupervised  
discharge from the bus.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature of parent/legal guardian)

\_\_\_\_\_  
(Signature of IEP Team Member)

\_\_\_\_\_  
(Phone number)

\_\_\_\_\_  
(Print name of IEP Team Member)

\_\_\_\_\_  
(Address)