



**DEER VALLEY**  
*Unified School District*

## NOTICE OF AUTHORIZATION TO DEPART STUDENT MEDICAL/PERSONAL RELEASE FORM

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_  
Parent/Guardian Student's name

Give my authorization to allow \_\_\_\_\_  
Person picking up Student Relationship to Student

**Sandra Day O'Connor  
High School**  
25250 N. 35th Ave.  
Phoenix, AZ 85083  
623.445.7100 Phone  
623.445.7180 Fax  
sdohs.dvUSD.org

To sign out my student for early release.

Today's Date: \_\_\_\_\_ Time to Leave: \_\_\_\_\_

Reason:

\_\_\_\_\_ Scheduled appointment such as doctor or dental.

\_\_\_\_\_ Personal Reason



*Expect the Best. Get  
the Best. Be the Best.*

[www.sdohs.dvUSD.org](http://www.sdohs.dvUSD.org)

**Administration:**

**Principal-**

Dr. Lynn Miller

**Asst. Principals-**

Justin McLain

Dr. Julia Spurgeon

**Athletic Director-**

Jason Rypkema

**Dean of Students-**

Jonathan Smith

**SUPERINTENDENT**  
Curtis Finch, PhD

**GOVERNING BOARD**  
Jenny Frank  
Ann O'Brien  
Ann Elizabeth Ordway  
Julie Read  
Darcy Tweedy

Returning to School:

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Parent/Guardian, please send a copy of your driver's license along with  
the form to:**

**Fax: 623-445-7180 or email: [early.eagles@dvUSD.org](mailto:early.eagles@dvUSD.org).**

**Forms are not kept on file. Please send in a new form and driver's  
license, the day of early release.**

**No student will be released without this form and copy of  
parent/guardians driver's license.**

Parent/Guardian Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*Graduating lifelong learners who will successfully compete, lead, and positively impact the world.*