



Ventura County Office of Education  
Department of Special Education - Transportation  
**RELEASE FROM RESPONSIBILITY**

NAME OF STUDENT	NAME OF SCHOOL
HOME ADDRESS OF STUDENT (Number, Street, City, Zip Code)	

Check applicable item(s) and complete appropriate information.

- ☐ Release student to be dropped off without being received by a designated responsible person.
- ☐ Release student to attend Workshop or Career Education.

NAME OF WORKSHOP/CAREER EDUCATION
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- ☐ Release student to be picked up and/or delivered to an alternate address.

ALTERNATE ADDRESS (Number, Street, City, Zip Code)
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- ☐ Release student to person other than parent or legal guardian.

COMPLETE NAME OF PERSON TO WHOM STUDENT IS TO BE RELEASED
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I hereby release the Ventura County Office of Education and the transportation contractor from all responsibility for the above-named student from the time the student leaves the school bus at the designated location.

I further waive all claims against the Ventura County Office of Education and the transportation contractor for injury, accident, illness or death occurring as a result of the above-named agencies approving and honoring this request.

PRINT OR TYPE NAME OF PARENT OR LEGAL GUARDIAN AND SPECIFY RELATIONSHIP	
SIGNATURE OF PARENT OR LEGAL GUARDIAN NAMED ABOVE	DATE SIGNED

This form expires on August 30th of every year and must be renewed annually. The request may be withdrawn, and the approval revoked, at any time upon written notification by parent or legal guardian.

I hereby approve this release, and authorize the transportation contractor to honor the above request(s).

SIGNATURE OF PRINCIPAL	DATE SIGNED
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**PARENT/GUARDIAN: SIGN AND RETURN THIS FORM TO SCHOOL - RETAIN LAST COPY FOR YOUR RECORDS**

DISTRIBUTION: 1 - School File 2 - Transportation Contractor 3 - Pupil Transportation 4 - Parent/Legal Guardian