



Thurgood Marshall School • 15531 Linwood • Detroit, MI 48238
O (313) 494-8820 | F (313) 293-7714
Mrs. Shannan Richardson, Principal
Mr. Louis T. Carter, Assistant Principal
Dr. Walter Richardson, Dean of Culture

detroitk12.org/marshall

EARLY RELEASE OVERRIDE REQUEST

Complete **ENTIRE** form and submit it to the Main Office **before** the first date of intended release.

Date:					
SECTION A - STUDENT INFORMATION					
First Name:		Last Name:		DOB:	
Grade:	Address:				
City:	State:		Zip:		
SECTION B – GUARDIAN INFORMATION					
First Name:		Last Name:		Phone:	
Email:			Address: Same as Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If different, please provide:					
SECTION C – PHYSICIAN INFORMATION AND MEDICAL AUTHORIZATION					
First Name:		Last Name:		<input type="checkbox"/> ABA <input type="checkbox"/> ASD <input type="checkbox"/> BCBA <input type="checkbox"/> OT <input type="checkbox"/> SLP <input type="checkbox"/> D.O. <input type="checkbox"/> M.O.	
Address:	City:	State:	Zip:		
Phone:			Fax:		
Medical Reason for Release:			Effective Date:		
Recurs multiple days/week? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, check day(s): <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F			
If Yes, a letter from physician reflecting this will need to be provided with form					
SECTION D – AUTHORIZED INDIVIDUAL(S) FOR PICKUP					
Name:			Relationship to Student:		
Phone Number:					
ADDITIONAL INDIVIDUAL					
Name:			Relationship to Student:		
Phone Number:					
I hereby authorize the early dismissal of my child _____, from Thurgood Marshall Elementary Middle School for the reasons mentioned above.					
I understand that my child will be released into the care of the authorized individual specified above. I acknowledge that upon release of my child to the above recipient, Thurgood Marshall Elementary Middle School is no longer responsible for my child's welfare.					
Parent/Guardian Signature: _____					

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Students Rise. We all Rise

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Contact Compliance for more information at (313) 240-4377 or detroitk12.org/admin/compliance.





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OFFICE USE ONLY	
Parent/Guardian verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized Individual(s) validated: <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Documentation Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does documentation confirm submitted claims? <input type="checkbox"/> Yes <input type="checkbox"/> No
Attach medical documentation to form and file accordingly	

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