Wondershare PDFelement

TEXAS A&M UNIVERSITY
The Gardens

Authorized Pick Up Form

Student Name: _____ Date: _____

Camp/Program: _____ Guardian(s): _____

The following people (please include the Student's guardians) are authorized to pick up the Student from the camp or program. No one other than the people listed below will be permitted to pick up the Student. All authorized people must show proper ID.

Name	Relation to Student	Phone Number

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_____ _____

Guardian Signature Date