

**DUTCHESS COUNTY  
BOCES  
Salt Point Center  
5 BOCES Road  
Poughkeepsie NY 12601  
(845) 486-8004**



**EARLY RELEASE FORM**

**My child \_\_\_\_\_ will be picked up early**  
**(Student's Name)**

**from school today \_\_\_\_\_ at \_\_\_\_\_**  
**(date) (time)**

**by \_\_\_\_\_.**  
**(name of person picking up student)**

**Parent/Guardian Signature \_\_\_\_\_**