



4036 ADOLFO RD. ~ CAMARILLO, CA 93012
(805) 529-7511 ~ FAX (805) 484-0694
Email: custserv@rdtsi.com

March 7, 2017

Parent/Guardian of:

, CA

Dear Sir or Madam:

Enclosed, please find a Release Authorization, for your review and completion. Complete this form if you would like to authorize another person(s) to receive the participant. Please fill in the information requested, sign the release, and return it to our office.

Thanking you for your prompt return of the release. If you have any questions, please contact our office. Our telephone number is 1-800-966-7114. Our business hours are 6:00 a.m. to 6:00 p.m., Monday through Friday.

Sincerely,
Customer Service Department

Enclosure



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Person Served:	UCI #:	Program:	Reg Ctr:
Scheduled Drop Off Address:	Vendor / Route #:		

RELEASE AUTHORIZATION

I, _____, as parent/legal guardian of
(Print Name)
_____, authorize
(Print Participant's Name)

Check Below:

Release of this participant to the care of the person(s) indicated below, in my absence.

I understand that by signing this authorization R&D Transportation Services, Inc., the transportation provider, the driver, and the Regional Center are released of any liability once the participant is delivered as instructed.

SIGNATURE

DATE

RELATION TO PARTICIPANT

Authorized Person(s):

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____