PARENTAL / GUARDIAN LEAVE AUTHORIZATION

CADET NAME: _____
SURNAME GIVEN NAMES

DIRECTION

I/we hereby authorize the following person(s) to pick up my child/ward from

_____ for Weekend Leave/Pass on
TRAINING CENTRE

the weekend of _____.
DATES

PLEASE PRINT LEGIBLY. STRIKE OUT UNUSED SPACES.

Parent / Guardian: _____

Parent / Guardian: _____

Friend / Relative: _____

Friend / Relative: _____

INDIVIDUALS HEREIN AUTHORIZED TO PICK UP A CHILD/WARD MUST PRESENT PHOTO IDENTIFICATION OF THEMSELVES BEFORE THE CADET WILL BE RELEASED.

ACKNOWLEDGEMENT

I understand that:

1. If it should be necessary to authorize any person other than those listed above to pick up my child/ward, I must contact the Training Centre to make the necessary arrangements.
2. Failure to do this will result in my child/ward being denied leave.
3. I am not allowed to authorize any person under the age of eighteen (18) years to pick up my child/ward.
4. I certify that all persons authorized above to pick up my child/ward are at least eighteen (18) years of age.

_____ _____ _____
SIGNATURE OF PARENT/GUARDIAN PLEASE PRINT NAME DATE

NOTE: NO LEAVE IS AUTHORIZED FOR GENERAL TRAINING (2-WEEK) COURSE CADETS

FOR TRAINING CENTRE USE ONLY

Cadet released to the custody of

_____ _____

_____ _____

_____ _____