



**NOCONA ISD
RETURN TRANSPORTATION AUTHORIZATION**

_____ will not be using school district transportation to return
Student
from _____ at _____ on _____.
Activity Location Date

_____ I personally will be providing return transportation for my student and
release the school district from any obligation for return transportation.

_____ I authorize _____ to provide return transportation for my
student and release the school district from any obligation for return transportation.

Date

Parent/Guardian Signature

Date

School Authority Signature