

Florida Youth Challenge Academy Placement Pass Authorization Form

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Placement Pass Sign-Out Authorization

I, _____ certify that I am the legal guardian of _____
 (Parent/Guardian) (Cadet's Name)

I hereby authorize the following individuals to sign-out the aforementioned cadet from the Program's facilities, for the purpose of Placement Passes. I fully understand that **these individuals must be 18 years of age or older**. Please list only one person per line and provide full first and last legal name as displayed on Photo ID. The information provided here will be applicable to both Placement Passes during the residential cycle. Any changes to authorized persons or location must be submitted on a new form no later than one week prior to the first day of the Placement Pass. Please be advised that ultimately the parent/guardian is responsible for the transportation and pick-up/drop off of their Cadet. If the Academy does not receive your change request, or you fail to provide updated information, this could result in the parent/ guardian being required to provide transportation to/from the Academy for Placement Pass. **(Photographic identification required at sign-out time)**

Authorized Person(s):

1. _____ Relationship: _____ Phone _____
2. _____ Relationship: _____ Phone _____
3. _____ Relationship: _____ Phone _____
4. _____ Relationship: _____ Phone _____

Parent/Guardian: _____ Phone: _____
 Parent/Guardian: _____ Phone: _____

1st Placement Pass

Pick Up Location	Drop Off Location
<input type="radio"/> Orlando	<input type="radio"/> Orlando
<input type="radio"/> West Palm Beach	<input type="radio"/> West Palm Beach
<input type="radio"/> Tallahassee	<input type="radio"/> Tallahassee
<input type="radio"/> Camp Blanding (Academy)	<input type="radio"/> Camp Blanding (Academy)

2nd Placement Pass

Pick Up Location	Drop Off Location
<input type="radio"/> Orlando	<input type="radio"/> Orlando
<input type="radio"/> West Palm Beach	<input type="radio"/> West Palm Beach
<input type="radio"/> Tallahassee	<input type="radio"/> Tallahassee
<input type="radio"/> Camp Blanding (Academy)	<input type="radio"/> Camp Blanding (Academy)

Anyone not listed on this form will NOT be allowed to pick up your Cadet, NO EXCEPTIONS.

IN WITNESS WHEREOF,
 I have affixed my signature:

(SIGNATURE OF PARENT/GUARDIAN)
(THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC)

STATE OF FLORIDA,

COUNTY OF _____,

The foregoing instrument was acknowledged before me on this _____ day of

_____, 20____, by _____.

My commission expires: _____

 Signature-Notary Public (February 2020) (2D)