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: ______________

Pick Up Location | Drop Off Location
---|---
1st Placement Pass
- Orlando | Orlando
- West Palm Beach | West Palm Beach
- Tallahassee | Tallahassee
- Camp Blanding (Academy) | Camp Blanding (Academy)

2nd Placement Pass
- Orlando | Orlando
- West Palm Beach | West Palm Beach
- Tallahassee | Tallahassee
- Camp Blanding (Academy) | 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)