

PARENTAL / GUARDIAN LEAVE AUTHORIZATION

CADET NAME:	
CADET NAME:	GIVEN NAMES
DIRECTION	
I/we hereby authorize the following person(s) to pick up my child/ward from	
TRAINING CENTRE	for Weekend Leave/Pass on
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/WAR IDENTIFICATION OF THEMSELVES BEFORE THE CADET	

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