



Notification of SO Status and Request for Limited Access Authorization Form (SAF-F032)

Parent/Legal Guardian: _____

School Year: _____

Date: _____

Address: _____

Telephone Number: _____

Name of Student: _____

School Location: _____

Date Requested: _____

Approximate Times of school visit: _____

Name of school escort : (only in cases where limited access to building is granted):

Special Circumstances: _____

Reason for Request¹:

Principal/Administrator Directives:

By signing this document parent/legal guardian affirms that the victim of his/her offense is not enrolled at the school location listed herein.

Principal/ Administrator (Print)

Parent/Legal Guardian (Print)

Principal/ Administrator (Signature)

Parent/Legal Guardian (Signature)

DISCLAIMER: CMCSS HAS THE RIGHT TO CHANGE AUTHORIZATION AT ANY TIME

Please email a copy of the completed form to safety@cmcss.net.

¹ If a request is for car rider drop off/pick up access and such request is authorized by school's principal/administrator, the parent/legal guardian may NOT exit his/her vehicle while on school premises. Failure to remain in vehicle during drop off/pick up will result in a revocation of this permission.