

# Scrip Program Release

A Tigard-Tualatin Schools Foundation and PSO Partnership

**Durham Elementary School  
Parent Support Organization**  
7980 SW Durham Rd.  
Tigard, OR 97224  
503-431-4500

I hereby grant permission for the following person(s) to receive my scrip certificates from Durham Elementary School. *Please use ink to complete form.*

Authorization is given to the following persons (adult or child) to receive my scrip certificates:

---

Name: (please print)	Relationship	Daytime Phone or teacher
----------------------	--------------	-----------------------------

---

Name: (please print)	Relationship	Daytime Phone or teacher
----------------------	--------------	-----------------------------

---

Name: (please print)	Relationship	Daytime Phone or teacher
----------------------	--------------	-----------------------------

I will pick up my Scrip in person. \_\_\_\_\_  
Name: (please print)

I agree that Durham Elementary School and Durham Elementary Parent Support Organization (PSO) will have no liability for lost or stolen Scrip certificates after their receipt by any one of the persons listed above. By my signature below, I hereby release and agree to hold harmless Durham Elementary School and Durham Elementary PSO (including its employees, officers, volunteers and agents) for lost or stolen Scrip certificates.

I entrust the responsibility of the Scrip certificate transactions with the persons listed above and no other. I understand that any changes to the persons listed above will require prior written notification and agree to sign a new release form as requested. Changes will not be valid until received by a Scrip representative at the address listed above.

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(please print)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Office use) Scrip Rep: \_\_\_\_\_ Date: \_\_\_\_\_