



# ALL SAINTS CATHOLIC SCHOOL

Growing Leaders in Mind, Body, and Spirit

## 2016-2017 SCRIP Pick-Up Authorization Form

I, \_\_\_\_\_ (*please print your first and last name*), authorize All Saints Catholic School to send my SCRIP order home with my child, \_\_\_\_\_ (*please print your child's first and last name*), in Mr./Mrs./Ms. \_\_\_\_\_'s class, grade \_\_\_\_\_. I understand this authorization will be kept on file and will be in effect until other written instructions are received. I understand SCRIP is like cashx and cannot be replaced or refunded if lost or stolen. I also understand by signing this agreement, I will not be required to provide a signature confirming receipt and accuracy of my SCRIP order. I understand that I may revoke this authorization in writing at any time. I agree to these terms with my signature below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date