

## REGINA SCRIP ENROLLMENT AND RELEASE FORM

First Name	Last Name	
Street Address		
City	State	Zip
Preferred Phone#	Student Name	Graduation Year
*Email address	Student Name	Graduation Year

I have read and understand Regina SCRIP Program Rules and Guidelines and agree to abide by these policies.

Before you are able to pick up SCRIP, you must fill out, sign and turn this form in to the De La Salle SCRIP Coordinator. Your SCRIP will not be released to anyone other than yourself or the person(s) named on this release form.

- ☐ My SCRIP is **ONLY** to be released to parent or legal guardian
- ☐ I authorize: \_\_\_\_\_  
(please print)

And/or: \_\_\_\_\_  
(please print)

to pick up my SCRIP order from school.

This release form will remain in effect from the date entered above through the year your student graduates from Regina, unless a written request to the contrary is received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For questions regarding SCRIP, please contact Liz Engel, DLS SCRIP Coordinator**  
**P (586)212-1599 - [robertroseangel@wowway.com](mailto:robertroseangel@wowway.com) - F (586)268-7235**