

# SCRIP Release Form 2021-2022

## **St. Matthew Catholic School**

221 SE Walnut Street  
Hillsboro, OR 97123  
503-648-2512

I do hereby grant permission for \_\_\_\_\_  
*(Print Student(s) Names here)*

to deliver an order and payment for purchase of SCRIP to St. Matthew Catholic School and/or pick up SCRIP at the school and deliver it home.

I also agree and understand that the school and/or the St. Matthew Parent Club will not be held accountable for any lost or stolen SCRIP, which occurs during the transportation of the SCRIP from the school to my home.

I entrust the responsibility of the SCRIP with the student(s) named above and no other. If by chance, a student named above is relieved of this task and/or any other student should be assigned, I will notify the St. Matthew SCRIP Coordinator and complete a new release form immediately. A new release form will need to be completed each school year.

I understand that payment will need to be made before the SCRIP is released (no IOU's.)

### **PARENT:**

\_\_\_\_\_  
*Parent Printed Name*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

### **STUDENT(s):**

\_\_\_\_\_  
*Student Printed Name*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Grade*

\_\_\_\_\_  
*Student Printed Name*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Grade*

\_\_\_\_\_  
*Student Printed Name*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Grade*