

Authorized Person Form

Only persons indicated as Authorized Persons by you may receive your child from Mobile Bay ABA at the end of session. You are responsible for providing notice in writing of any changes, including additions or removals of authorized persons. Please note we may ask for identification should you list someone who we have not met before.

I _____ authorize the following people to pick up

_____ at Mobile Bay ABA Autism Center:

Name 1 _____

Name 2 _____

Name 3 _____

Name 4 _____

Name 5 _____

Name 6 _____