

St. Paul the Apostle School

Scrip Pick-Up Waiver Form 2015-2016 School Year

Date _____

Scrip Customer Name _____

Scrip Customer Phone Number _____

Scrip Customer Email Address _____

I understand that St. Paul the Apostle requires Scrip program participants to pick up Scrip orders in person. I hereby authorize St. Paul the Apostle to use the following alternate delivery method (check all that apply):

() Send my Scrip order home with the following St. Paul the Apostle Student:

Student Name and Grade

() Send my Scrip order home with the following parent:

Parent Name

In addition to authorizing the alternate delivery method listed above, I understand that I take full responsibility for the security of any order delivered by these methods, and I hold harmless St. Paul the Apostle for loss, theft or any other disappearance of Scrip orders once they are delivered in good faith via one of the methods listed above.

Signature _____ Date _____