



**ALL SAINTS  
CATHOLIC SCHOOL**  
Growing Leaders in Mind, Body, and Spirit

2019-2020 SCRIP Pick-Up Authorization Form

I, \_\_\_\_\_ (please print), authorize All Saints Catholic School to send my SCRIP order home with my child, \_\_\_\_\_ in Mr./Mrs. \_\_\_\_\_'s class, grade \_\_\_\_\_. I understand that this authorization will be kept on file and will be in effect until other written instructions are received. I understand that SCRIP is like cash and cannot be replaced or refunded if lost or stolen. I also understand that 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