

AUTHORIZATION TERM

I, _____, holder of ID RG/RNE n. _____ and with individual taxpayer register under CPF n. _____, with home address at R. _____, as the custodial parent of (list the full names of each child, birthdate, and grade level below):

Name	Birthdate	Grade Level

Do hereby authorize Mr./Miss/Mrs. _____, holder of ID RG/RNE n. _____ with individual taxpayer register under CPF n. _____, with home address at R. _____ and can be contacted on the following number _____, to make educational and medical decisions for my child/children, from _____ to _____.

Date:

Custodial Parent's Signature:

Date:

Principal's signature: