

RENUNCIATION OF CUSTODY OR CHARGE

This form is required to be completed if the person who completed the Non-Custodial Parent/Guardian Form no longer has the child in their custody or charge.

I, _____, residing at _____
(Printed Name of Current Guardian) (Full Address)

renounce all rights to the previously signed Non-Custodial Parent/Guardian Form and **swear or affirm under penalty of perjury** that _____ be [check all applicable box(es)]:
(Specify proposed guardian or standby guardian)

- Guardian
- Standby Guardian of the student

and that Letters of Guardianship may be granted to the above-named person or to any other person entitled to such appointment without notice to the undersigned.

(Date Signed) (Signature of Current Guardian) (Date)

Commonwealth of Kentucky, County of Gallatin, Subscribed and sworn to before me by _____
(Printed Name of Current Guardian)

On this ____ day of _____, 20____. _____
(Notary Public)

My Commission Expires: _____

FOR OFFICE USE ONLY	
SCHOOL _____	PHOTO ID COPIED BY: _____