



Education is our investment in the future

Parent's Authorization for Agent to Act in Interests of Child

I, the parent or guardian of _____
(name of student)

do hereby authorize _____
(name of temporary guardian)

to act as agent for me in making decisions regarding educational matters and in medical emergencies concerning my child _____
(name of student)

for the current school year.

Signed: _____
Parent *Date*

Signed: _____
Temporary Guardian *Date*

State of _____

State of _____

County of _____

County of _____

On this ____ day of _____, 20____,

On this ____ day of _____, 20____,

_____ personally appeared before me,

_____ personally appeared before me,

____ who is personally known to me,

____ who is personally known to me,

____ whose identity I verified on the basis of _____

____ whose identity I verified on the basis of _____

____ whose identity I verified on the oath/affirmation of,

____ whose identity I verified on the oath/affirmation of,

____, a credible witness,

____, a credible witness,

to be the signer of the foregoing document, and he/she

to be the signer of the foregoing document, and he/she

acknowledged that he/she signed it.

acknowledged that he/she signed it.

Signed: _____
Notary Public

Signed: _____
Notary Public

My Commission Expires: _____

My Commission Expires: _____