

EXHIBIT C
ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT
Notice of Revocation of Power of Attorney or Authorization Agreement

Note: A copy of your original Power of Attorney or Authorization Agreement must be submitted with this notice.

Date of Revocation _____

This notice is to inform Ector County Independent School District that the Power of Attorney or Authorization Agreement attached for

1. _____ (student's name)

2. _____ (student's name)

3. _____ (student's name)

4. _____ (student's name)

5. _____ (student's name)

appointing _____ (temporary guardian) has been revoked effective immediately.

Print Parent's Name

Parent's Signature

Date

THE STATE OF TEXAS §
COUNTY OF ECTOR §

SUBSCRIBED AND SWORN BEFORE ME BY THE SAID _____ this _____ day of
_____, 20 ____.

SEAL

Notary Public

MY COMMISSION EXPIRES: ____/____/____