



**Authorization for Appointment
Of a
Representative for Educational Decisions**

Pupil's Name _____

School _____ Grade _____

Date of Birth _____

I voluntarily grant permission to _____ to represent my child,
Name of Caregiver

Name of Child

This person may represent my child in all matters relative to the identification, evaluation, and educational placement of my child and the provision of a free appropriate public education.

I understand that once appoint, _____ may
Name of Caregiver
represent my child until such time as I submit a written statement to the Special Education Coordinator revoking authorization for my child to be represented.

Signature of Parent

Date

Signature of Witness

Date