

## SURROGATE DESIGNATION BY PARENT

STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_

I \_\_\_\_\_ give \_\_\_\_\_  
Print legal parent's name Print name of guardian, foster parent, surrogate

the authority to make education decisions for my child from \_\_\_\_\_ to \_\_\_\_\_ or  
Date Date

\_\_\_\_\_ until further notice.  
Please Circle

The named surrogate may represent my child in matters related to assessment, identification, instructional planning, educational placement, Individual Educational Program (IEP) development and revisions, and in all the other matters relating to a free appropriate public education.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

NOTE: **This document must be notarized by a Public Notary or the court.**

**A copy should be placed in the cumulative file and district office file.**