

Livingston County Public Schools
AUTHORIZATION FOR APPOINTMENT OF A REPRESENTATIVE
FOR EDUCATIONAL DECISIONS

NAME OF CHILD/YOUTH: _____ DATE OF BIRTH: _____

SCHOOL: _____

I voluntarily grant permission to _____
to represent my child, named above. This person may represent my child in matters relative to the
provision of a free appropriate public education. However, the may not sign permission for evaluation or
placement.

I understand that this person(s), may represent my child until such time as I submit a written statement to
the Director of Special Education revoking authorization for my child to be presented.

Signature of Parent/Guardian

Date

Signature of Witness

Date

I hereby state that the above child/youth's parent(s), _____
have authorized me to represent them in educational decisions regarding their child. However, I may not
sign permission for evaluation or placement. As a person "acting as a parent", I understand that I have the
rights of a natural parent in educational matters until such time as the parent reappears or revokes this
authorization. In either instance, it will be the responsibility of the parent to notify the Director of Special
Education of such action.

Signature of Caregiver

Date

Signature of Witness

Date