

McLEAN COUNTY PUBLIC SCHOOLS
PARENTAL AUTHORIZATION FOR APPOINTMENT
OF A REPRESENTATIVE FOR EDUCATIONAL DECISIONS
(for Special Education Purposes Only)

Student's Name _____

Date of Birth ____/____/____

School _____

Grade _____

I voluntarily grant permission to _____
(name of caregiver)
to represent my 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 this person may represent my child until such time that I submit a written statement to the school principal revoking authorization for my child to be represented.

Signature of Parent

____/____/____
Date

Signature of Witness

____/____/____
Date