

McLEAN COUNTY PUBLIC SCHOOLS
STATEMENT OF AUTHORIZATION FOR REPRESENTATION*
(for Special Education Purposes Only)

Student's Name _____ Date of Birth ____/____/____

School _____ Grade _____

I hereby state that the above student's parent(s), _____
_____, have authorized me to represent them in
educational decisions regarding their child. As a person "acting as a parent", I understand that I have
all 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
special education coordinator of such action.

Signature of Caregiver _____ /_____/_____
Date

Signature of Witness _____ /_____/_____
Date

*This form is completed when the parent has given approval to the caregiver to act as the
parent of the child in educational matters and is unavailable to sign the Parental Authorization for
Appointment of a Representative