



# Washington County Schools

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*Robin Cochran, Superintendent*

## 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 appointed, \_\_\_\_\_ may  
Name of Caregiver

represent my child until such time as I submit a written statement to the Special Education Director revoking authorization for my child to be represented.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date