



**Authorized Representative for Employees
2020-2021 School Year**

Date _____

I _____, do hereby give my permission to the undersigned
(Parent/ guardian)

Tuscaloosa City School employees to act as my authorized representative on behalf of my
child, _____, in my absence. Furthermore, I authorize the
(Child's name)

undersigned employees to sign any necessary documents, to read and complete any
information statements required, and to advise the necessary persons on any conditions
which would help my child in receiving services. Information given to the persons
signed below and signature made by them will have the same effect as if I had personally
received the information and signed my name to any documents.

Persons authorized to act as my representative and sign papers on my behalf:

(Name) (Relationship to above named) (Age)

(Name) (Relationship to above named) (Age)

(Signature of parent/guardian) (Witness) (Date)



**Authorized Representative for Relatives
2020-2021 School Year**

Date _____

I _____, do hereby give my permission to the undersigned
(Parent/ guardian)
to act as my authorized representative on behalf of my child, _____,
(child's name)
in my absence. Furthermore, I authorize the undersigned individuals to sign any
necessary documents, to read and complete any information statements required, and to
advise the necessary persons on any conditions which would help my child in receiving
services. Information given to the persons signed below and signature made by them will
have the same effect as if I had personally received the information and signed my name
to any documents.

Persons authorized to act as my representative and sign papers on my behalf:

(Name) (Relationship to above named) (Age)

(Name) (Relationship to above named) (Age)

(Signature of parent/guardian) (Witness) (Date)