

# Legal Custody Authorization

Date:

I, , residing at , am the legal parent/guardian of , born on .

I hereby authorize  to have legal custody of my child named above from  to .

This authorization grants the above-named person the authority to make legal, medical, and educational decisions on behalf of my child during the authorized period.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_