

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: