

Sole Legal Custody Authorization

I, , born on , residing at , am the sole legal custodian of my child:

- Child's Name:
- Date of Birth:
- Child's Address:

As the sole legal custodian, I authorize to make decisions and perform acts on behalf of my child relating to their education, health, and welfare, for the period of .

This authorization is given voluntarily and is valid unless revoked in writing.

Signature: _____

Date: