



# Randolph County BOE Head Start

214 N. Highland Ave  
Cuthbert, GA 39840  
229-732-5039



## LETTER OF AUTHORIZATION

I, \_\_\_\_\_, as the parent of

Custodial Parent's Name

\_\_\_\_\_, hereby grant authority to

Child's Name

\_\_\_\_\_, to make decisions regarding the receipt

Grantee's Name

of services and the sharing of information relating to my child. I understand that this includes: educational, social, nutritional, medical, dental, and mental health during the duration of his/her enrollment at the Randolph County Board of Education Head Start.

This will begin on \_\_\_\_\_ and end on \_\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

Parent Signature

Date

## NOTARY ACKNOWLEDGMENT

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_,

\_\_\_\_\_  
Notary Public Signature