

ATTORNEY-IN-FACT AFFIDAVIT**I certify that I am the parent or legal custodian of:**

Full name of minor child	Date of birth
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Full name of minor child	Date of birth
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Full name of minor child	Date of birth
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Full name of minor child	Date of birth
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I designate the following individual as the attorney-in-fact for each minor child named above:

Full name of attorney-in-fact

Street address, city, state and zip code of attorney-in-fact
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Home phone, Attorney-in-fact

Work phone, Attorney-in-fact

I provide the Attorney-in-fact the following authority:

I delegate to the attorney-in-fact all of my power and authority regarding the care, custody and property of each minor child named above, including but not limited to the right to enroll the child in school, inspect and obtain copies of education records and other records concerning the child, the right to attend school activities and other functions concerning the child, and the right to give or withhold any consent or waiver with respect to school activities, medical and dental treatment, and any other activity, function or treatment that may concern the child. This delegation shall not include the power or authority to consent to marriage or adoption of the child, the performance or inducement of an abortion on or for the child, or the termination of parental rights to the child.

OR

I delegate to the attorney-in-fact the following specific powers and responsibilities:

This delegation shall not include the power or authority to consent to marriage or adoption of the child, the performance or inducement of an abortion on or for the child, or the termination of parental rights to the child.

¹ Student residency cannot be established through an attorney-in-fact relationship without this fully completed document.

ATTORNEY-IN-FACT AFFIDAVIT

Effective Dates

This power of attorney is effective for a period not to exceed one year (12 calendar months), beginning on

_____ 20 _____ and ending _____, 20 _____

Signatures

I hereby make these designations as specified above.

Parent signature

Date

I hereby accept my designation as attorney-in-fact for the minor child(ren) specified in this power of attorney.

Attorney-in-Fact Signature

Date

Acknowledgment

Before me, the undersigned, a Notary Public, in and for said County and State on this

_____ day of _____, 20 _____, personally
appeared _____ (name of parent/legal custodian)
and _____ (name of attorney-in-fact) to me

known to be the identical persons who executed this instrument and acknowledged to me that each executed the same as his or her free and voluntary act and deed for the uses and purposes set forth in the instrument.

Witness my hand and official seal the day and year above written.

Signature of notarial officer

My commission expires
(Seal)