

**PARENT/GUARDIAN CONSENT FOR ALTERNATE VERIFICATION SIGNATURE**

I, \_\_\_\_\_, give permission for:  
(Parent/Guardian’s Name Printed)

*List the Names of caregiver(s), teacher(s), daycare provider(s), other*

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

to review, verify the dates of service and sign the “Record of Related Service” form for me on my behalf  
for my child, \_\_\_\_\_, \_\_\_\_\_.  
(Child’s Name) (Date of Birth)

\_\_\_\_\_  
(Parent/ Guardian Signature)

\_\_\_\_\_  
(Date of Signature)

I, \_\_\_\_\_ hereby withdraw the above permission as of \_\_\_\_\_.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date of Signature)