Hill Education Services

Custody & Authorized Consent Attestation

A service of Hill Therapy Services LLC · Susan Hill, M.A., M.S., M.Ed., LBS
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STUDENT INFORMATION

STUDENT'S FULL NAME

DATE OF BIRTH

ATTESTATION

I attest that:

- I am a parent or legal guardian of the student named above, with **legal authority to consent to educational services** on the student's behalf.
- To my knowledge, **no court order limits my authority** to make educational decisions for this student.
- If a custody order, guardianship order, or similar arrangement affects educational decision-making for this student, I have disclosed it below and will provide the relevant portions of the order on request.
- I will **promptly notify Hill Education Services in writing** of any change in custody or decision-making authority during the period of services.

CUSTODY / GUARDIANSHIP ARRANGEMENTS TO DISCLOSE (WRITE "NONE" IF NOT APPLICABLE)

AUTHORIZED PICK-UP / DROP-OFF

The following adults (in addition to the undersigned) may bring the student to or from sessions:

NAME & RELATIONSHIP

PHONE

NAME & RELATIONSHIP

PHONE

PARENT / GUARDIAN SIGNATURE

DATE

PRINTED NAME & RELATIONSHIP TO STUDENT