

DESIGNATION OF PERSON IN PARENTAL RELATION

STATE OF NEW YORK)
) ss.:
COUNTY OF _____)

1. I am the parent of _____ (DOB __/__/__ NYCID# ____-____-____).
2. I understand that under the provisions of the Individuals with Disabilities Education Act, the New York State Education Law and the Part 200 regulations of the New York State Education Department, I have the right to make educational decisions for my child.
3. I further understand that, under Article 5, Title 15-A of the New York State General Obligations Law (GOL §§5-1551 – 5-1555), I have the right to name an individual to act as a “person in parental relation,” with the rights and responsibilities set forth for the parent or person in parental relation in §§2 and 3212 of the Education Law and the Part 200 Regulations (14 NYCRR §200.1 et seq.).
4. There is no prior order of any court in any jurisdiction prohibiting me from making this designation (GOL §5-1551).

DESIGNATION AND SCOPE

5. I hereby appoint _____ to act as a “person in parental relation” for the purpose of giving or withholding informed consent for evaluation, development of an Individualized Education Program and/or services, placement, and related matters with the Committee on Special Education (CSE) responsible for my child. (GOL §5-1553)

DURATION

6. This designation shall take effect on the date on which it is executed. Unless I revoke it sooner, this designation shall expire 180 days from the date of execution. **If the contact information section of this document is not completed when I submit this document to the CSE, or if this document is signed but not notarized, this designation shall expire 30 days from the date of execution** (GOL §5-1552).

7. I understand that I have the right to revoke this designation by communicating my desire to revoke it orally or in writing to the CSE. (GOL §5-1554) I further understand that I have the right to make decisions that supersede any decision made by my designee as person in parental relation (GOL §5-1555).

CONTACT INFORMATION

8. Set forth below is the contact information for myself and my designee:

	Parent Making Designation	Designee as Person in Parental Relationship
Name		
Phone		
Address		

Please note that if this contact information is not provided, this designation shall expire 30 days from the date on which it is executed (GOL §5-1552).

Sworn to before me this _____
day of _____, 201__

NOTARY PUBLIC

DESIGNEE'S CONSENT

I am the individual designated by _____ to act as "person in parental relationship" to _____ in the within Designation of Person in Parental Relationship. I hereby consent to this designation, and to the scope, duration and limitations described herein.

Print Name: _____

Sworn to before me this _____
day of _____, 201__

NOTARY PUBLIC