

Student Name _____
DOB _____

POWER OF ATTORNEY REVOCATION

I swear the following is true:

1. On _____, I signed a written power of attorney
Date
appointing _____ the attorney-in-fact for
Name
_____, delegating my powers as parent
Name of Minor
or guardian.
2. I revoke that power of attorney and assume full rights and responsibilities of a parent or guardian.

Date _____ Sign here ► _____
Typed or printed name _____

JURAT

State of _____
County of _____

I certify that _____, who is known to me or who presented satisfactory identification, has, while in my presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

Date _____ Sign here ► _____
Typed or printed name _____