

**DELEGATION OF RIGHTS TO MAKE EDUCATIONAL DECISIONS**

STUDENT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT'S DATE OF BIRTH: \_\_\_\_\_ DATE OF AGE OF MAJORITY: \_\_\_\_\_

I, \_\_\_\_\_, am 18 years of age or older and a student who has the right to make educational decisions  
(Student Name)

myself under State and federal law. I have not been adjudged incompetent and, as of the date of the execution of this document, I hereby delegate my right to give consent and make decisions concerning my education to the individual identified below. This individual will be considered my "parent" for purposes of the Individuals with Disabilities Education Improvement Act of 2004 and Article 14 of the School Code and will exercise all of the rights and responsibilities concerning my education that are conferred on a parent under those laws.

I understand and give my consent for this individual to make all decisions relating to my education on my behalf. I understand that I have the right to be present at meetings held to develop my Individualized Education Program (IEP) and that I have the right to raise any issues or concerns I may have and that the school district must consider them.

This delegation will be in effect for one year from the date of execution below and may be renewed by my written or other formal authorization. I also understand that I have the right to terminate the Delegation of Rights at any time and assume the right to make my own decisions regarding my education. I understand that I must notify the school district immediately if I revoke this Delegation of Rights prior to its expiration.

**(OPTIONAL) – I have received this form and have chosen NOT to delegate my rights**

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

**(REQUIRED) – I have received this form and have CHOSEN to delegate my rights to the individual listed below.**

\_\_\_\_\_  
(Name of "Parent" Representative)

\_\_\_\_\_  
(Relationship (Optional))

\_\_\_\_\_  
("Parent" Representative Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Authorized School Personnel Signature)

\_\_\_\_\_  
(Date)

**(REQUIRED, WHEN APPLICABLE) - I wish to TERMINATE the Delegation of Rights at this time and assume the right to make my own decisions regarding my education.**

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)