

Revocation of Power of Attorney for Educational Decision Making

The undersigned:

_____ (student name), _____
(street; city, IA zip);

Hereby revokes the Power of Attorney given to:

_____ (name), _____
(street; city, IA zip);

to make educational decisions for me during my period of eligibility under the Individuals with Disabilities Education Act (IDEA).

The Power of Attorney given to _____ (name) is hereby revoked.

This change will not go into effect until I tell my school. I understand that I must call or write the school office so that the school will put this change in my records.

Date: ____/____/____

Student signature