

## K-12 Programs Change of Parent Request Form

This document is to be completed by the current parent of record. Please print, complete the form below, and upload the completed form to your MyPortal account.

Please fill in the blanks:

"I, \_\_\_\_\_, authorize

*(Name of current parent of record)*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
*(Name of new parent of record) (DOB of new parent of record) (Phone number of new parent of record)*

to become the parent of record for: *(Please provide the names of your students in the spaces below)*

_____	_____
_____	_____
_____	_____
_____	_____

Are your students changing households?  Yes  No

\_\_\_\_\_  
*(Street address for new parent of record) (City) (County) (Zip Code)*

\_\_\_\_\_  
*(Driver's License Number of new parent of record)*

\_\_\_\_\_  
*(State of issuance)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*