

**Tri-County Head Start/Early Head Start**  
Signature Authorization Form

I, \_\_\_\_\_  
give \_\_\_\_\_ permission to sign  
all forms for Tri-County Head Start regarding \_\_\_\_\_.  
Child's Name

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Witness Date

Witness my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_ A.D.  
20\_\_\_\_\_

I, \_\_\_\_\_, also give permission for  
educational, medical, and dental information concerning my child to be shared  
with the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires.