

**DESIGNATION OF EDUCATIONAL REPRESENTATIVE**  
**Ventura County Special Education Local Plan Area (SELPA)**

I wish to designate the following person to represent me in all educationally related matters for \_\_\_\_\_(student). I understand that I can revoke this permission at any time, by submitting it in writing to any school district administrator.

Educational Representative (must be at least 18 years old):

Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent or Adult Student Signature:

Signed: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

Check one:

- Parent of student (under 18 years of age). I have educational rights for above-named student.
- Student 18 years of age or older.