



Educational Advocacy Services

## **AUTHORIZATION**

I, \_\_\_\_\_ hereby authorize Coach Education and Advocacy Services and Kathleen K. Edwards, EdD, to represent me with regard to the educational needs of my child, \_\_\_\_\_ whose birth date is \_\_\_\_\_.

This authorization includes the authority to communicate with you, to request an assessment, IEP meeting, and, if necessary, a mediation on behalf of my child. It further authorizes COACH to request and receive the above- mentioned child's complete school file.

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

Signature: \_\_\_\_\_

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

Phone: \_(H) \_\_\_\_\_  
(W) \_\_\_\_\_

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