Authorization

To:	am Catholic Distr	ict School Board	
Re:		ict Gerioor Board	
			authoriza vall ta pravida.
Ι,			authorize you to provide:
Name of repres	sentative		
with the following	ng information/doo	cumentation:	
This is your goo	od, sufficient and	rrevocable authorit	y to do so.
If 18+			
Printed Legal N Signature	lame		
Dated this	day of	, 20	
Printed Name of	•	, 20	
Signature of W			
Dated this	day of	, 20	
If a minar			
If a minor			
	of Parent/Guardia	n of Minor	
Signature of Pa Dated this	day of	, 20	
	•	, 20	
Printed Name of W			
Signature of W Dated this	day of	, 20	
Dated tillo	day of	, 20	
Printed Name of	of Parent/Guardia	n of Minor	
Signature of Pa	arent/Guardian		
Dated this	day of	, 20	
Printed Name of	of Witness		
Signature of W	itness		
Dated this	day of	, 20	