## **OFFICIAL POWER OF ATTORNEY**



(For Temporary Guardianship)

Form nutst be returned to:
North Clackamas School District
12400 SE Freeman Way • Milwaukie, OR 97222
503-353-1907 • FAX 503-353-6039
E-mail • riddle l@nclack.k12.or.us

## STUDENT INFORMATION

## 2022 / 2023 School Year

FullLegal Name:				
Date of Birth:		Grade:		
Last School Attended:		District:		
Name of Resident School within North Clackamas:				
PARENT / LEGAL GUARDIAN INFORMATIO	N		4	
egal Name(s):		Hm Pho	one:	
Address: N		Wk Pho	Wk Phone:	
City/State/Zip: Ce		Cell Pho	one:	
Pursuant to ORS 109.056, I / we delegate the medical and emergency services for my/outhe temporary guardian named herein.  Check one:  This power of attorney is effective for a  I reserve the right to revoke this a  i am in the [Insert brancattorney is effective duty	period not exceeding six m authority at any time. h of servicel and have beer	onths, beg	Inning, and ending	
Signature of Parent/Legal Guardian NOTARY & SEAL State of: County of:			Date	
Signed and attested before me on Signature of Notary  TEMPORARY GUARDIAN INFORMATION	Date  Commission Expires		Affix Official Seal	
Legal Name(s):	and the state of t	Home P	hone:	
Address: In		Work Pl	Work Phone:	
City/State/Zip: Cel		Cell Pho	one:	
Relationship to Child:				
I / we do understand and agree to parent / legal guardian. I also undersident at my address while this ten	accept the parental p derstand and agree the nporary appointment is	owers transition of the ower transitio	ansferred to me by the hild will be a <u>full time</u> t.	
Signature of Temporary Guard	lian	<del>4-140</del>	Date	
NOTARY & SEAL  State of: County of:				
Signed and attested before me on	Date			
ed 04.13.21mj Signature of Notary	Commission Expires		Affix Official Seal	

ls this a Renewal from a previous Tempor				
Has the student been suspended?				
Has the student been expelled?	For What?	When?		
Is an expulsion still in force?	_			
THIS DOCUMENT IS CONFIDENTIAL				
EVDI ANATION EOD TRANSEER OF GUAL	DDIANCUID.			
EXPLANATION FOR TRANSFER OF GUAR	ADIANSHIP:			
,				
	FOR SCHOOL DISTRICT USE ONLY			
Superintendent or Designee Signatur	re Date	Approved Denied		
Superintendent of Designes signature	e Date			