



South Dakota Surrogate Parent Eligibility Verification

Name of Nominee _____

Address _____

Home Phone _____ Work Phone _____

Student's Name _____ DOB _____

Comments or other pertinent Information:

This verifies that _____ meets the criteria for appointment as a surrogate parent by state and federal regulations to ensure appropriate representation in all matters relative to the identification, evaluation, and educational placement of the student and in provision of a free appropriate public education.

Authorized Signature/Title

Date