

<b>South Dakota Surrogate Parent Eligibility Verification</b>
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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