

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
SURROGATE PARENT CONSENT FORM**

Date: _____

Dear _____
Name of Principal or Special Education Coordinator

I have received notification of assignment as a surrogate parent for
_____. My response to the request is listed below.
Name of student .

- I agree to serve as a surrogate parent for the above named student.
- I am unable to serve as a surrogate parent for the above name student.

Printed Name

Date

Signature