

NOTICE OF REVOCATION OF AUTHORIZATION AGREEMENT

*A copy of your Authorization Agreement must be submitted with this notice.*

Date: \_\_\_\_\_

This notice is to inform Seminole ISD that the Authorization Agreement for  
\_\_\_\_\_ (*insert student's name*) has been revoked,  
effective \_\_\_\_\_ (*date*),  
in accordance with Section 34.008(c) of the Texas Family Code.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_