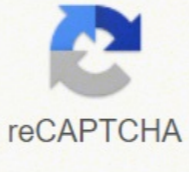




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Next

NOTARIZED AUTHORIZATION

Should you send someone to pay and/or pick up your purchases on your behalf, we require that person to bring a "Notarized Authorization that was completed by you (the awarder). They must present a photo ID (State ID or Driver's License) that you have entered below.

Name of Purchaser _____ DATE _____

Address: _____

Daytime Telephone Number _____

Company Name _____

One Time Authorization Blanket Authorization

Should a **Blanket Authorization** no longer be valid, it is the purchaser's responsibility to notify the State Surplus Property Agency to have names removed from your list on file. A new authorization is required to add additional names at a later date.

I hereby grant the person(s) listed herein authorization to pay for and/or accept property I have been awarded by the NC State Surplus Property Agency.

Name <small>Please Print Clearly</small>	Photo ID Number	State
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please write "No More Names" under the last person's name you enter on this form.

Purchaser's Signature

I, _____, a Notary Public of _____ County,

_____ State, certify that _____ personally appeared before me this day, and being duly sworn, stated that in my presence signed this document.

Witnessed my hand and official seal, this _____ day of _____, _____

Notary Public

My commission expires: _____
Month Day Year

FORM 1
DOE 11/17

*CUSTODIAL STATEMENT AND AGREEMENT
DIVORCE, SEPARATION, OR ABANDONMENT*

This agreement is prepared by the State Superintendent of Public Instruction as required by Indiana Code 20-26-11-3.

Student Information

Name: (last) _____ (first) _____ (mi) _____ (street) _____
(city) _____ (state) _____ (zip code) _____ Last school corporation attended: _____
Current school corporation: _____

Indicate the reason for utilization of this form:

- _____ No court order has been made establishing custody of the student. (Signature from one (1) Parent enrolling Student)
- _____ The parents have agreed on the parent with whom the student will live. (Requires Signature of **BOTH** Parents)
- _____ The parent granted custody of the student has abandoned the student. (Signature from one (1) Parent enrolling Student)

Parent Information

Parent/Guardian:
Name: (last) _____ (first) _____ (mi) _____
(street) _____ (city) _____ (state) _____ (zip code) _____

Parent/Guardian:
Name: (last) _____ (first) _____ (mi) _____
(street) _____ (city) _____ (state) _____ (zip code) _____

Parent with whom the student will live: _____

_____ agrees to assume all the duties and be subject to all the liabilities of the
(parent/guardian with whom student will live)

parent of _____ with respect to dealing with the school corporation and for all other purpose
(student)

under Indiana Code 20-26. This agreement is binding from the date signed until terminated by either parent in writing.

I affirm, under the penalties for perjury, that the foregoing representations are true.

Name (printed) _____ Name (printed) _____

Signature _____ Signature _____

Date _____ Date _____

Acknowledged by _____ on behalf of _____
(name and title) (school corporation)

Date _____

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