

**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