

AUTHORIZATION FOR NON-ATTORNEY REPRESENTATIVE

I, the undersigned, authorize the following individual to act as the non-attorney representative of _____ (hereafter referred to as "Party") in Special Education Due Process Hearing Docket No. _____.

Name of Non-Attorney Representative	Telephone Number
Mailing Address	
Facsimile Number	Email Address

The non-attorney representative's qualifications are described below.
Special knowledge or training with respect to problems of children with disabilities:
Knowledge of the rules and procedures that apply to due process hearings, including those in 34 Code of Federal Regulations (CFR), §§300.507-300.515 and 300.532, if applicable, and 19 Texas Administrative Code (TAC) §§89.1151-89.1191:

Knowledge of federal and state special education laws, regulations, and rules:

Educational background:

Additional pages may be attached if necessary.

The non-attorney representative has prior employment experience with the school district that is a party to the hearing.

- Yes
 No

I acknowledge that the non-attorney representative has full authority to act on behalf of Party with respect to the hearing and that the actions or omissions by the non-attorney representative are binding on Party, as if Party had taken or omitted those actions directly.

I acknowledge that documents are deemed to be served on Party if served on the non-attorney representative. I further acknowledge that communications between Party and the non-attorney representative are not generally protected by the attorney-client privilege and may be subject to disclosure during the hearing proceeding.

I acknowledge that neither federal nor state special education laws provide for the recovery of fees for the services of a non-attorney representative.

I acknowledge that it is Party's responsibility to notify the hearing officer and the opposing party of any change in the status of this authorization and that the provisions of this authorization shall remain in effect until Party notifies the hearing officer and the opposing party of Party's revocation of the authorization.

Printed Name

Signature

Date