

Frank Edelblut
Commissioner



Christine M. Brennan
Deputy Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
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EDUCATIONAL SURROGATE PARENT PROGRAM

NH Department of Education
101 Pleasant Street
Concord, NH 03301
603-271-3750

AGE OF MAJORITY AFFIDAVIT

In Support of Petition
for Appointment of a Special Education Surrogate Parent
Pursuant to RSA 186-c:14 (Suppl. 1981) re: Eligibility/Self

Now comes _____, being first duly sworn, and deposes and states: (Student's name)

1. I am (Student's Full Name) _____,

My date of birth is _____ and I am over 18 years of age as of this date. I have an educational disability.

My current address is:

2. I request that a surrogate parent be appointed to serve as an educational advocate for me because:

- I do not wish to act as my own educational advocate at this time.
- I understand that I may become my own educational advocate again and have my surrogate parent removed within 30 days by writing to the Surrogate Parent Program.

Student's Signature: _____

State of New Hampshire County of: _____

Subscribed and sworn to before me, the undersigned officer, this _____ day of _____, 20____.

Justice of the Peace or Notary Public