

STATE OF NEW MEXICO)
COUNTY OF CHAVES)

School Year 20 ___ - 20 ___

**SECOND SEMESTER
POWER OF ATTORNEY DELEGATING POWERS
OF PARENT OR GUARDIAN***

Pursuant to Section 45-5-104, NMSA, 1978, I _____, being a custodial parent of _____, Social Security No. _____, (hereinafter the "student"), a student to be enrolled in the Roswell Independent School district, (hereinafter "RISD") do hereby delegate to _____, of Roswell new Mexico (hereinafter "delegate"), for the second semester, all of my powers regarding care, custody, educational decisions, and property of student, age, _____, born _____, 19 ____. Delegatee shall act as my attorney in fact and agent and shall have the same powers as I do regarding care, custody, educational decisions, and property of the student, including but not limited to responsibility for the school attendance and conduct of the student, except that delegate shall not have the power to consent to marriage or adoption of a minor ward. The agreement between the aforementioned parties does not supersede RISD Board of Education policies, New Mexico Activities Association rules and/or other regulations.

I, hereby, delegate my power of attorney for the second semester as stated in the aforementioned agreement and fully understand the terms of the agreement.

Print Name

Social Security Number

Signature of Parent/Guardian

Date

ACKNOWLEDGEMENT

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____, by

My Commission Expires: _____

Notary Public

I, hereby, acknowledge and understand that I have been delegated the aforementioned power of attorney for the second semester as stated in the agreement and fully understand and accept the responsibilities as set forth.

Print Name

Social Security Number

Signature of Parent/Guardian

Date

ACKNOWLEDGEMENT

STATE OF NEW MEXICO
COUNTY OF CHAVES

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____, by

My Commission Expires: _____

Notary Public

THIS SECTION FOR HIGH SCHOOL STUDENTS ONLY

I, hereby, affirm that I fully understand and accept that the delegate identified in this document has been given power of attorney for the second semester as stated in the agreement contained herein.

Print Student's Name

Social Security Number

Signature of Student

Date

*Note: This original document must be filed with the CHAVES COUNTY CLERK'S OFFICE and a copy must be provided the receiving school.
Second Semester - Pink Form