

## Memorandum of Representation

**To:** Director of SELPA \_\_\_\_\_

**From:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Subject:** Education Advocate for \_\_\_\_\_

This memorandum shall serve as notice to you and all relevant agents and employees of \_\_\_\_\_ that Dr. Robert Closson, Ed.D. now represents my child in all matters relating to his/her education and discipline. Those matters include, but are certainly not limited to, academics, discipline, behavior, safety and/or my child's health and welfare.

Please cooperate with Dr. Closson by giving him each and every document that you, the District or the School has/have in your individual or collective care and custody. Further, I hereby give my express permission for Dr. Closson to talk to anyone who is an agent or an employee of \_\_\_\_\_ regarding any aspect of my child's education or the invocation of rights and remedies in my child's behalf.

Dr. Closson has asked for, and has been given, full and complete authority to communicate directly with \_\_\_\_\_ to ensure my child's rights are secured and his/her health, welfare and his/her legal and civil rights are accommodated. In the anticipation that you will cooperate with Dr. Closson in all these matters, I thank you. See [educationadvocates.org](http://educationadvocates.org) for more information regarding Dr. Closson.

To ensure appropriate communication, please contact Dr. Closson directly. You may reach Dr. Closson at: 209-712-5070; 916-524-9810 as the case may be.

**Date:** \_\_\_\_\_ **Parent:** \_\_\_\_\_

*Directions to parent: Please print the District's name and your name where indicated. Please sign and date where indicated. Keep a copy for your records then send a copy to your District's SELPA Director and a copy should be faxed to Dr. Closson at 866-691-8996*