

# LYFORD CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

## NOTICE OF REVOCATION OF AUTHORIZATION AGREEMENT

**A copy of your Authorization Agreement must be submitted with this notice.**

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

This notice is to inform Lyford Consolidated Independent School District that the Authorization Agreement for (student's name) \_\_\_\_\_ has been revoked, effective (date) \_\_\_\_\_, in accordance with Section 34.008 © of the Texas Family Code.

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Parent/Legal Guardian Signature