MANITOWOC LUTHERAN HIGH SCHOOL

4045 LANCER CIRCLE, MANITOWOC, WI 54220

Authorization for Use of Parent/Guardian Signature

Manitowoc Lutheran High School
4045 Lancer Circle
Manitowoc, Wisconsin 54220

Authorization Statement

I, the undersigned parent/legal guardian of _____ **(Student Name)** hereby authorize **Manitowoc Lutheran High School** to apply my signature, as provided to the school, on the following standard school documents for the duration of the **202__-202___ school year**:

1. **Parental Consent Forms**
2. **Sports Participation & Sports Physical Forms**
3. **Authorization to Administer Medication at School (if needed)**
4. **Consent for Field Trips & Transportation Arrangements**

Purpose of Authorization

This authorization is granted for the sole purpose of ensuring the timely completion of school-required documents and activities. I understand that:

- The reproduced signature will only be used on the documents listed above.
- This authorization does not extend to any other documents without my written consent.
- I may revoke this authorization at any time by submitting a written request to the school's administration office.

Acknowledgement

By signing below, I confirm that I am the parent/legal guardian of the student named above and that I consent to the use of my signature by **Manitowoc Lutheran High School** for the purposes described in this authorization.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Student's Full Name: _____

Student's Date of Birth: _____

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Document Received by,
Renée N. Ruediger
International Coordinator
Manitowoc Lutheran High School