

REQUEST FOR CHANGE OF AUTHORITY IN FOCUS INFORMATION SYSTEM

AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF ESCAMBIA**

1. My name is _____.
2. My address is _____.
Phone: _____ . Email: _____.
3. I have the legal standing to be assigned primary control of the Focus information System pertaining to the following student:

(Student Name) _____
(ECSD Student ID No.)
4. In support of this request I have provided certified copies of valid court documentation granting me the legal right to exercise primary decision-making authority over the named student(s). A copy of the relevant certified court order is attached.
5. I am unaware of any other court orders which invalidate or contradict the court order attached hereto.
6. I understand that the Escambia County School District will rely upon the information provided by me in this Affidavit.

State law provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty commits a misdemeanor of the second degree. Additionally, a person who knowingly makes a false declaration under penalties of perjury commits a felony of the third degree (F.S. 92.525 and 837.06)

Affiant

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20_____, by _____ who is () personally known to me, or () provided as identification:_____.

Notary Public - State of Florida

(SEAL)