



## Special Education Surrogate Parent Application For Specific Child ONLY

If you are applying to act as a special education surrogate parent volunteer for *a student not currently known to you*, please complete the Special Education Surrogate Parent Volunteer Application, available on the Maine Department of Education website.

Name:	Address:
DOB:	City:
Phone 1:	State/zip:
Phone 2:	Email:
Employer:	Work email:

Child's name:	Child's DOB:
Relationship to child:	

### Maine Special Education Surrogate Parent Confidentiality Agreement

I agree to have access to relevant educational records with an understanding of the confidentiality of materials. Under no circumstances shall I duplicate, disseminate or verbalize to unauthorized persons any information regarding the child/student I represent.

I fully understand that access to these records and knowledge of the material is only for the purpose of implementing and maintaining a child/student's Individualized Family Services Plan (IFSP) or Individualized Education Program (IEP). I understand that every citizen has the right to privacy. I understand that the educational records are to be considered personal and private, and should, in no way, be used in a prejudicial or judgmental manner.

**Date:**

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**Signature:**

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Please return to:

**Email:** sarah.ferguson@maine.gov

**Fax:** (207) 624-6683

**Mail:**

**Maine Department of Education  
Surrogate Parent Program  
23 State House Station  
Augusta, ME 04333-0023**

**Contact – Sarah Ferguson  
207 592-6498**

FOR OFFICE USE ONLY	
Application received:	Surrogate Parent ID #: Date:
Recommended by:	Title:
Phone:	Email:
Notes:	