

**POWER OF ATTORNEY
DELEGATION OF PARENTAL RIGHTS LIMITED**

I. PRINCIPAL AND POWER OF ATTORNEY IN FACT

I, _____, who resides at _____, do hereby appoint the following person _____ to serve as my attorney in fact, to act for me, specifically to receive gift cards provided by the San Carlos Apache Tribe through its Department of Education with respect to the subjects indicated below:

Child's Name: _____

DOB: _____

Address: _____

Child's Name: _____

DOB: _____

Address: _____

Child's Name: _____

DOB: _____

Address: _____

II. EFFECTIVE TIME [six-month limitation]

This power of Attorney in Fact shall be effective and in place;

From _____ to _____

III. POWERS OF ATTORNEY IN FACT

My Attorney in Fact shall have the power to act in my name, place and stead, for the specific purpose of receiving gift cards or funding for and on behalf of my child(ren), which I myself could do, to the extent permitted by law.

THIS LIMITED POWER OF ATTORNEY IS EFFECTIVE FOR A PERIOD OF SIX MONTHS.

This agreement is temporary and will begin on the day I sign this document and have it notarized. This Limited Power of Attorney will automatically terminate after six months or sooner, and I am free to revoke it at any earlier time.

All of the information I have given in this document is true and correct to the best of my knowledge.

Signature

Date

Subscribed and sworn to me before this _____ day of _____, 20_____.

Notary Public

My commission expires on:_____.