

# North Central Kansas Special Education Cooperative

P.O. Box 369, Phillipsburg KS 67661

## Interlocal #636

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### **Member Districts**

**USD 110 Thunder Ridge, USD 211 Norton, USD 212 Northern Valley, USD 237 Smith Center, USD 269 Palco,  
USD 270 Plainville, USD 271 Stockton, USD 325 Phillipsburg, USD 326 Logan, USD 392 Osborne, USD 399  
Natoma**

## **Kansas Power of Attorney**

I \_\_\_\_\_ (name and address)

do hereby appoint:

\_\_\_\_\_ (name and address)

As my attorney-in-fact to act for me in any lawful way with respect to the following:

Education decisions \_\_\_\_\_

This power of attorney shall take effect immediately and will continue indefinitely or until revoked by me or by my death.

I do hereby grant my attorney in fact complete authority to act in any reasonable manner that is necessary to execute the above-mentioned powers that are granted.

I agree that any third party who is given a copy of this power of attorney may act relying on it. I also agree that revocation of this power of attorney is effective as to a third party only upon receipt of actual notice by the third party. I agree to indemnify the third party for any loss that may be suffered while carrying out this power of attorney.

### **Signature & Acknowledgment**

This contract shall be governed by the laws of the State of Kansas in \_\_\_\_\_ County and any applicable Federal Law.

\_\_\_\_\_  
Signature Date

By accepting this appointment and acting under it, I the attorney-in-fact ("Agent") do hereby assume the legal responsibilities of an agent.

\_\_\_\_\_  
Signature of Attorney-in-Fact Date

WITNESS #1) \_\_\_\_\_

WITNESS #2) \_\_\_\_\_