



## Signature Verification Form

This form is to authenticate the signatures of all parents/guardians that can verify hours and services for your child or TRANSITIONS client they are responsible for. Please sign your name below, as well others which you authorize to sign timesheets on your behalf. This form will be used each month to verify the authenticity of signatures on timesheets. This will help to eliminate signature discrepancies. Please try to keep your signature as consistent as possible. Sign in black or blue ink only, return to TRANSITIONS by US mail as soon as possible.

Thank you,  
TRANSITIONS  
17018 S 26<sup>th</sup> St  
Phoenix, AZ 85048

Child Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Name (printed)	Signature	Relationship	Date

By signing below, I agree that my signature is accurate to the best of my ability. I also agree that this is the signature that will be consistent with the timesheets turned in every month. I understand that my signature as the primary parent or guardian will authorize each person listed above to sign on my behalf.

Signature: \_\_\_\_\_