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| **School District/Public Agency** | **Revocation of Consent for** **Special Education & Related Services** 34 C.F.R. §§300.9(c)(3) & 300.300(b)(4) |
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| **Name of Student** | **Date**  |
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This form enables the parent or adult student to revoke consent in writing. (See \* below.) If you revoke consent in writing the school district or public agency:

1. Is not required to convene an IEP team meeting or develop an IEP.
2. Will not be considered to be in violation of the requirement to make a free appropriate public education (FAPE) available to the child because of the failure to provide further special education and related services.
3. May not seek to use consent override procedures such as mediation or due process procedures to obtain an agreement or a ruling that services may be provided to the child.
4. May not continue to provide special education and related services to the child, but must provide **Prior Written Notice** before ceasing the provision of special education and related services.
5. Is not required to amend the child’s education records to remove any references to the child’s receipt of special education and related services because of the revocation of consent.

Any future request for an evaluation shall be treated as a new referral and initial evaluation for special education eligibility.

**[ ]  I REVOKE my consent for my child to continue to receive special education and related services.**

**Sign & Date:**

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

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| ***Special Education and Related Services will be discontinued ONLY after the school district’s or public agency’s receipt of your signature to revoke consent for Special Education and Related Services for your child AND the provision of Prior Written Notice to you.*** |

***For School District or Public Agency Use***

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| **Date received** | **Signature of School District or Public Agency Official** |
|  |  |
| **Date Prior Written Notice provided:**  | **Date** |
|  |
| **Date special education and related services terminated:**  | **Date** |
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*\* Use of this form by the parent is optional. Revocation must be in writing. If the parent uses an alternative form, attach parent’s written request and complete the bottom portion of this form.*