

REVOCATION OF CONSENT TO ALL OR PART OF IEP

DATE: _____ **DELIVERED VIA:** ___ Fax ___ Registered Mail ___ In Person

FROM:

Parent/Guardian/Educational Rights Holder: _____

Street Address: _____

City, State, Zip: _____

Telephone Number(s): _____

Email (if applicable): _____

TO:

Director of Special Education: _____

School District: _____

School District Street Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email (if known): _____

RE:

Student Name: _____ Birth Date: _____

Student School: _____

School Address: _____

Date: _____

Pursuant to C.F.R. Section 300.500(b)(1)(iii),

I hereby revoke all or the following part(s) of the IEP of (student name) _____

Sincerely,

Parent/Guardian/Educational Rights Holder Signature

COPIES TO: School Principal, and Other members of my child's educational team as needed
