I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of parent or adult student) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student's Name and Date of Birth)

[ ]  Voluntarily grant permission

[ ]  Permission is denied

for implementation of the Section 504 services plan dated:

I understand the reasons for the Section 504 services and have checked the appropriate box above.

I have received a written copy of the Section 504 Parent Rights Statement and fully understand those rights, or have had those rights explained to me.

 [ ]  Yes [ ]  No

I certify that I am a parent having legal custody of the student named above, or that I am the student above and am at least 18 years old of age and have no court appointed legal guardian or I certify that I am the legal guardian, permanent legal custodian or 504 surrogate parent of the student named above.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent; Adult Student; Guardian; Permanent Custodian; or 504 Surrogate Parent

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_