



# Revocation of Consent for the Provision of Special Education and Related Services

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

Dear School System:

☐ We /I no longer want our/my child, \_\_\_\_\_, to receive special education and related services. We are providing you this notice to inform you that we want to remove our child from all special education and related services.

☐ I am a student who is 18 years or older, and have had my rights regarding special education and related services transferred to me. I am revoking consent for special education and related services, I no longer wish to receive any special education and related services.

By revoking consent for the provision of special education and related services, we/I acknowledge the following:

1. I understand that my child will be considered a general education student, my child's rights to special education and related services will end, and my parental rights in special education will end.
2. I understand that should my child be involved in a major disciplinary situation my child would not receive the special education protections previously available.
3. I understand that the school system is not required to amend my child's records to remove any references to my child's receipt of special education and related services.
4. I understand that the school system may not use the dispute resolution (mediation/due process hearings) options to challenge my right to discontinue services to my child.
5. I understand that the school system will not be considered in violation of the requirement to provide a free, appropriate public education (FAPE) to my child because of the failure to provide my child with further special education and related services.
6. I understand that the school system is not required to conduct reevaluations, convene an IEP meeting, or develop an IEP for my child. Any future request for evaluation will be considered a request for an initial evaluation, subject to the 60 day timeline.
7. I understand that my child will no longer receive special education and related services as of the date the school system states in its prior written notice.

☐ We/I revoke consent for all special education and related services for my child/myself.

\_\_\_\_\_  
Parent/guardian/adult student signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date