

Kentucky Public School District Consent for Section 504 Eligibility Evaluation

District Name:

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

Voluntarily grant permission

Permission is denied

for evaluation of the named student for eligibility for a Section 504 plan by
_____ Public School District staff or individuals performing services for
_____ School District.

I understand the reasons for the referral and the description of the evaluation process 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 that I am 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 _____