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 HCSD staff or individuals performing services for HCSD.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_