St. Lucie Public Schools
Exceptional Student Education Department
9461 Brandywine Lane
Port St. Lucie, FL 34986
(772) 429-4570

Revocation of Consent to Exceptional Student Education

Student:	**ID#**												**School:**
ESE Programs:													**Date of Birth:**	**Grade:**

I, _____, the parent/guardian of _____
print name print name of student

wish to revoke (cancel) previously granted consent for special education and related services.
I am aware that the withdrawal of consent does not negate (undo) an action that has occurred after consent was given but before this date of withdrawal.

In addition I understand that the school district is not required to amend my child's educational records to remove any references that my child received special education and related services as a result of this revocation of consent.

Upon signing this document, I understand consent is revoked for ALL Exceptional Student Education programs and my child will no longer receive IEP driven special education, related services, or accommodations and modifications either in the classroom or on assessments and procedural safeguard are no longer afforded to my child.

I understand that once consent is revoked, if I request my child receive special education services in the future, the procedures for consideration of initial eligibility will be required.

Parent/Adult Student Signature :	Date: _____/_____/_____
Received by LEA or School Representative:	Date: _____/_____/_____