

# HISD | Section 504

## PARENT REVOCATION/REFUSE CONSENT FOR §504 SERVICES

Date:

Student's Name:		Student's ID:
Grade:	Campus:	
Parent(s):		
Address:		
Home Phone:		Work Phone:

### Parent Refuses Consent or Revokes Consent for Section 504 Service.

I have been provided a copy of the Section 504 Student Services Plan for my Student together with Notice of my Parent Rights under Section 504. I understand my rights and the offer of services in the Services Plan. I understand that the District will assume that I consent to my Student's receipt of Section 504 Services as indicated on the attached Section 504 Student Services Plan unless I indicate my refusal to consent or revocation of consent on this form, sign this form, and return to:

504 Coordinator: \_\_\_\_\_ at Campus: \_\_\_\_\_

\_\_\_\_ I REFUSE CONSENT for my Student's receipt of services offered in the attached Section 504 Student Services Plan. (Initial provision of Section 504 Services).

\_\_\_\_ I REVOKE CONSENT for my Student's continued receipt of services offered in the attached Section 504 Student Services Plan. (Student is currently receiving Section 504 Services).

I understand that because I have refused consent for Section 504 services or revoked consent for continued Section 504 services, the attached Section 504 Student Services Plan will not be distributed to school staff, and that the services and accommodations listed on the Plan will not be implemented for my Student.

I understand that my child will be expected to meet all of the same requirements that apply to general education students such as discipline, academic achievement, statewide and district assessments, extracurricular activities, graduation, and all other general education requirements.

I understand that if I decide to request Section 504 services at any time after the revocation, I can refer my child for an initial evaluation for Section 504 eligibility, and the district will follow the legal procedures, including all associated timelines and guidelines for determining eligibility.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Parent/Guardian printed name

\_\_\_\_\_  
Date

The parent has made clear his/her refusal to consent to the initial provision of Section 504 Services or revocation consent for continued Section 504 Services but refuses to sign. The employee signature is provided by a witness of refusal or revocation.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date