

**ADE SPED  
REQUIRED FORM  
JULY-2010  
AGES 3-21**

**REVOCATION OF PARENTAL CONSENT FOR PLACEMENT**

I, \_\_\_\_\_, revoke my consent for \_\_\_\_\_  
(Parent or Guardian) (Student's Name)

to receive special education and related services from \_\_\_\_\_.  
(Public Agency)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**CONFIRMATION**

Based on your written notice dated \_\_\_\_\_ to revoke your consent for  
\_\_\_\_\_ to receive special education and related services,  
(Student's Name)

the \_\_\_\_\_ will not continue to provide such  
(Public Agency)

services after providing you with notice of action, as required by the IDEA, before  
discontinuing those services.

\_\_\_\_\_  
Public Agency Authorized Representative

\_\_\_\_\_  
Date