REVOCATION OF CONSENT
FOR ALL SPECIAL EDUCATION AND RELATED SERVICES

NAME OF STUDENT: ________________________________

SCHOOL DISTRICT: ________________________________

I, ________________________________, having authority under the laws of the state of Kansas to
make educational decisions:

☐ on behalf of the above named student
☐ on my own behalf (adult student)

hereby revoke consent for all special education and related services for the above named student.

This revocation of consent is effective: ________________________________

I understand that by revoking consent for all special education and related services, the school district, after providing me with prior written notice of the termination of services, must discontinue all special education and related services to the student named above. I also understand that revocation is not retroactive and does not negate an action that occurs after consent is given and before consent is revoked.

I understand that the school district may not use mediation or a due process hearing to challenge my revocation of consent.

I also understand that I have the right to revoke consent and by revoking consent for all special education and related services the school district will no longer be legally required to convene an IEP meeting, to develop an IEP or to provide the above named student with special education and related services.

I further understand that by revoking consent for all special education and related services, I will no longer have the procedural safeguards available to parents, and the student named above will no longer have the procedural protections (including protections regarding disciplinary actions) specified in federal and state special education laws and regulations.

I understand that the school district is not required to amend the educational records of the above named student to remove any references to the student’s receipt of special education and related services because of the revocation of consent.

I understand that for the above named student to be reenrolled in special education, an initial evaluation for special education and related services must be conducted to determine if the student qualifies for special education and related services.

__________________________________________
(Signature)

KSDE Sample Forms, ________________________________
Revocation All Services

August 11, 2010