## Kentucky Public School District Consent for Section 504 Service Plan Implementation

District Name:
I (Name of parent or adult student) of
(Student's Name and Date of Birth)
Voluntarily grant permission
Permission is denied
for implementation of the Section 504 services plan dated:
I understand the reasons for the Section 504 services 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 studen above and am at least 18 years old of age and have no court appointed legal guardian or I certify that I am the 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