



RURAL CHAMPAIGN COUNTY SPECIAL EDUCATION COOPERATIVE
 807 N. Mattis Ave, Champaign, IL 61821
 217-892-8877 FAX: 217-893-8627

Jennifer Armstrong, Executive Director

**PARENT/GUARDIAN REVOCATION OF
 CONSENT FOR PLACEMENT IN
 SPECIAL EDUCATION**

Name of Student		Birth Date
Name of Parent/Guardian		School
Home Address		Grade
Home Telephone	Work Telephone	Student ID Number

I hereby revoke consent for the special education placement of my child in the

_____ at _____
 Program/Type Location

My reason(s) for revoking consent are:

I was previously given my rights and responsibilities in writing during the case study evaluation process. In addition, I have reviewed these rights as provided with this form.

_____ Date

_____ Parent/Guardian Signature