

# KENTUCKY PUBLIC SCHOOL DISTRICT CONSENT FOR SECTION 504 ELIGIBILITY EVALUATION

I \_\_\_\_\_ (Name of parent or adult student) of  
\_\_\_\_\_ (Student's Name and Date of Birth)

- Voluntarily grant permission  
 Permission is denied

for evaluation of the named student for eligibility for a Section 504 plan by **KPSD** staff or individuals performing services for **KPSD**.

I understand the reasons for the referral and the description of the evaluation process 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 student above and am at least 18 years old of age and have no court appointed legal guardian, or that I am 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: \_\_\_\_\_