Cannon County Schools
Section 504 Receipt of Rights Booklet

Name of Student:_____ DOB:_____

This is to verify that I have received a copy of Section 504 Parent and Student Rights in Identification, Evaluation and Placement which informs me of my rights throughout the child-centered educational process. These rights were explained to me by:

_____ (Section 504 Coordinator)

On _____ (date)

I have also received a copy of the Section 504 Due Process Procedures. I understand that I can receive this and all other written notices in the language I understand (primary language or, if needed, a translation of such orally, in sign language, or Braille as appropriate).

My signature below indicates that I received this information and understand the contents.

Parent Signature:_____ Date: _____