MINNETONKA PUBLIC SCHOOLS
VERIFICATION OF CONSENT FOR
DISCONTINUATION OF
SECTION 504 SERVICES

Student’s Name: ________________________________

☐ I agree that Section 504 services be discontinued for my student, as accommodations are no longer needed.

☐ I do not agree that Section 504 Services be discontinued.

________________________________________________________________________

Parent/Guardian Signature                                      Date

________________________________________________________________________

Parent/Guardian Signature                                      Date

Date received by school: __________________________

12/18/2013