Nationally Consistent Collection of Data on Students with Disability

Parent/Caregiver Withdrawal of Consent Form

I/We _________________________________ (Name of Parent/Caregiver) have been informed of the purpose and extent of the nationally Consistent Collection of Data on Students with Disability process. Based on our understanding of the process as outlined by the school and from the website:


We choose for our child’s information not to be collected.

__________________________________________  _________________________________
Parent/Caregiver's name (please print)  Student’s Name (please print)

______________________________________
Parent/Guardian’s signature

______________________________
Date