



**DISCHARGE FORM
(SECTION 504 OF THE REHABILITATION ACT OF 1973)**

Student: _____

Date: _____

School: _____

On this date, the Section 504 Team determined that _____,
no longer requires or is eligible for services under the provisions of Section 504, effective this date.

Describe the basis for determining that this student no longer requires or is eligible for services:

Section 504 Evaluation Committee Signatures

Name:	Signature:	Title:
Name:	Signature:	Title:
Name:	Signature:	Title:
Name:	Signature:	Title:
Name:	Signature:	Title:
Name:	Signature:	Title:

Copies to:	Parent/Guardian	Site Section 504 Coordinator	District 504 Coordinator	Cumulative File
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This document is confidential and may not be shared with third parties without written parental consent unless the disclosure meets one of the exceptions to FERPA's general consent requirement. (See 34 CFR §§ 99 et seq.)