

**PARENT/GUARDIAN AND STUDENT NOTIFICATION OF TRANSFER OF RIGHTS
DUE TO AGE OF MAJORITY**

DATE: _____ STUDENT'S NAME: _____ STUDENT'S D.O.B.: _____

Dear _____ and _____
(Parent's/Guardian's Name) (Student's Name)

When a student with a disability reaches 18 years of age (the age of majority under State law) all educational rights transfer from the parent(s)/guardian(s) to the student. The Individuals with Disabilities Education Act (IDEA) requires that both parent(s)/guardian(s) and the student receive notice of the transfer of educational rights one year prior to the student's eighteenth birthday. However, the parent(s)/guardian(s) will continue to receive the ten day notice prior to the date of any special education meeting after the student turns eighteen.

On the date of age of majority, all rights pertaining to the special education program/services shall transfer from the parent(s)/guardian(s) to the student unless the school district is otherwise notified (e.g. *Delegation of Rights to Make Educational Decisions* form).

Student's legal name: _____ Date of age of majority: _____

CHECK ONE:

- This serves as your one (1) year prior notice of the anticipated transfer of educational rights to the above named student under IDEA.
- This serves as your notice that all educational rights under IDEA have been transferred to the above named student.

If you have any questions concerning this procedure or require an additional copy of your rights, the **Explanation of Procedural Safeguards**, please contact:

Name: _____ Title: _____ Phone: _____

Sincerely,

(Signature)

Name: _____

Title: _____