



POST FALLS
SCHOOL DISTRICT #273

Section 504 Parent Revocation Form

I, _____, revoke consent for Section 504
parent/guardian name

accommodations for my student, _____, effective on
student's name

date accommodations will stop

Parent/Guardian signature

date signed

For Office Use Only

Received by: _____ Date: _____

Processed on: _____ Counselor's Signature: _____