



Hamilton-Boone-Madison Special Services Cooperative

Hamilton-Boone-Madison Education Center

1775 Field Dr.

Noblesville, IN 46060

Phone: 317-773-2134

Fax: 317-773-2136

WITHDRAWAL OF PERMISSION FOR TESTING

Date:

Student:

Date of Birth:

Parent/Guardian:

I withdraw my permission for evaluation as:

I am no longer interested.

_____ I have moved out of Hamilton-Boone-Madison Special Services Cooperative (H-B-M serves Frankton-Lapel, Hamilton Heights, Options Charter Schools, Noblesville, Sheridan and South Madison School Corporations.)

_____ I have opted to have an outside evaluation completed.

_____ Other: (Please explain)

Signature of Parent or Guardian

Date

If you have any questions or concerns, please contact our office at (317) 773-2134.

Thank you.

Please return this form to:
Hamilton Boone Madison Special Services Cooperative
1775 Field Dr.
Noblesville, IN 46060



Hamilton-Boone-Madison Special Services Cooperative
Early Childhood Assessment Team
Hamilton-Boone-Madison Education Center
1775 Field Dr.
Noblesville, IN 46060
Phone: 317-773-2134
Fax: 317-773-2136

Dear Parent:

It is our understanding that you wish to withdraw your request for testing. Please complete the enclosed **Withdrawal of Permission for Testing form** and return it in the enclosed self-addressed envelope.

If you wish to have your child evaluated at any time in the future, please feel free to contact us.

If you have any questions, feel free to call our office at (317) 773-2134.
Thank you.

Sincerely,