

School Administrative Unit #24

Districts of
Stoddard Henniker Weare John Stark

PERMISSION TO WAIVE 10 DAY MEETING NOTICE

Student Name: _____ **School:** _____ **SPED ID #:** _____
SASID #: _____ **Date of Birth:** _____ **Grade:** _____

Date of Meeting: _____

I waive the requirement to receive a written invitation no fewer than 10 days before an IEP meeting.

Signature: _____ **Date:** _____

Parent Adult Student
Guardian Surrogate Parent