

**Rehabilitation Act of 1973
Dyslexia or Section 504 Receipt of Rights**

Name of Student _____ ID# _____

Date of Birth _____ School _____

This is to verify that I have received a copy of the Section 504 "Parent and Student Rights" which informs me of my rights throughout the child-centered educational process. These rights have been explained to me by:

Name

Date

I understand that my rights include the right to receive:

- (1) this and all other written notices in the language I understand (primary language) or, if needed, a translation of such orally, in sign language, or in Braille as appropriate, and
- (2) answers from school personnel to additional questions I have.

My signature indicates that I have received the rights and understand them.

Signature of Parent, Legal Guardian, Surrogate Parent or Adult Student

Date Signed