Department of Defense Education Activity

(School Name)
(Location)

TRANSFER OF RIGHTS

	ANGI-ER OF RIGHTS
Student Name	Date of Birth
On this date,	, I have been informed of and understand the
rights in special education that will tra	ansfer from my parent/guardian to me on my eighteenth
birthday. These rights including writt	ten notice, participation in IEP meetings, agreement on
issues that require consent and all other	er procedural safeguards have been discussed with
me.	
My signature on this notice in	dicates that I understand my rights and have received a
copy of the document titled, Parent R	Eights and Responsibilities. I understand that if I should
have any questions, I may contact the	case manager listed below.
Signature of Student	Date
Signature of Case Manager	Date
as amended, 5 U.S.C. 552a. Principal Purpose: The in student to assist the child to receive a free appropriate puvoluntary; but failure to provide all requested informatio requested in this form to other DoD activities and contrachild and for valid medical, law enforcement or security	20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, aformation will be used within the DoD to determine the services to be provided to a ablic education. Disclosure to the Agency of the information requested on this form is on may result in the delay or denial of student services. DoDEA may disclose information acted service providers who require the information to deliver educational services to the purposes, or for use in litigation concerning the delivery of student. Routine Uses: prized outside the DoD in accordance with the "Blanket Routine Uses" described at the impilation of systems of records notices, published at
Distribution:	
Original maintained in Student File Copy to Student	
Copy to Parent/Guardian	005

DoDEA Form 2500.13-G-F28, September 2005