

THOMASTON PUBLIC SCHOOLS
Receipt for Section 504 Rights

Name of Student: _____

Date of Birth: _____ School: _____

This is to verify that I have received a copy of the Notice of Parent and Student Rights under Section 504, the Rehabilitation Act of 1973, which informs me of my rights. These rights have been explained to me by:

Name

Position

Date

I understand that my rights include the right to receive answers from school personnel to additional questions I may have. Questions may also be addressed to the district 504 Coordinator:

Director of Pupil Services
Black Rock School
57 Branch Road
Thomaston, CT 06787
860-283-3050 Option 2

My signature below indicates that I received the handout and understand its content.

Signature of Parent/Guardian or Adult Student

Date