

**VERIFICATION OF RECEIPT OF INDIVIDUAL STUDENT
SECTION 504 SERVICE PLAN**

Student: _____ Campus: _____ Date: _____

Student ID: _____ Grade: ____ Date of Birth: _____

I acknowledge that I have received the service plan designated by the §504 Committee for the student named above.

I also acknowledge that:

- 1. I am required to implement this plan for this student;**
- 2. I understand how to implement the plan; and**
- 3. I can contact the Campus §504 Coordinator if I need further clarification or training.**

Name Signature Date

Name Signature Date

Name Signature Date

Name Signature Date

Name Signature Date

Name Signature Date