ILLINOIS STATE BOARD OF EDUCATION

100 North First Street
Springfield, Illinois 62777-0001

PARENT/GUARDIAN AND STUDENT NOTIFICATION OF TRANSFER OF RIGHTS DUE TO AGE OF MAJORITY

DATE: _____ STUDENT'S NAME: _____ STUDENT'S DATE OF BIRTH: _____

Dear _____ and _____ :
(Parent(s)/Guardian(s) Name) *(Student's Name)*

When a student with a disability reaches 18 years of age (the age of majority under state law) all educational rights transfer from the parent(s)/guardian(s) to the student. The Individuals with Disabilities Education Act (IDEA) requires that both parent(s)/guardian(s) and the student receive notice of the transfer of educational rights one year prior to the student's 18th birthday. If the student will turn 17 while school is not in session (e.g., during summer break), and this notice cannot be provided on the student's 17th birthday as a result, then this notice must be provided to the parent(s)/guardian(s) and student during the last school session prior to the student's birthday. However, the parent(s)/guardian(s) will continue to receive the 10-day notice prior to the date of any special education meeting after the student turns 18.

On the date of age of majority, all rights pertaining to the special education program/services shall transfer from the parent(s)/guardian(s) to the student unless the school district is otherwise notified (e.g., Delegation of Rights to Make Educational Decisions

Student's Legal Name: _____ Date of Age of Majority: _____

CHECK ONE:

☐ This serves as your one-year prior notice of the anticipated transfer of educational rights to the above-named student under IDEA.

The student has been provided a copy of the Delegation of Rights to Make Educational Decisions form.

☐ This serves as your notice that all educational rights under IDEA have been transferred to the above-named student.

If you have any questions concerning this procedure or require an additional copy of your rights, the Notice of Procedural Safeguards for Parents/Guardians of Students with Disabilities, please contact:

Name: Title: _____ Telephone: _____

Sincerely,

_____
(Signature)

Name: _____

Title: _____

Print Reset Form