

# Livingston County Special Services Unit

920 CUSTER AVENUE, SUITE A · PONTIAC, ILLINOIS 61764  
PHONE: 815-844-7115 · FAX: 815-842-3170 · TDD: 815-842-3170

## PARENT/GUARDIAN AND STUDENT NOTIFICATION OF TRANSFER OR 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 eighteenth birthday. However, the parent(s)/guardian(s) will continue to receive the ten day notice prior to the date of any special education meeting after the student turns eighteen.

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 Educational decisions form**).

Student's legal name: \_\_\_\_\_ Date of age of majority: \_\_\_\_\_

### CHECK ONE:

- This serves as your one (1) year prior notice of the anticipated transfer of educational rights to the above named student under IDEA.
- 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**, please contact:

Name: Dawn Conway Title: Director of Special Education - LCSSU Phone: 815-844-7115

Sincerely,

\_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_

Title: \_\_\_\_\_