



Student's Name: _____

NYC DOE ID #: _____

Date of Birth: _____

Date: _____

Dear: _____,

Please review the attached/enclosed Section 504 Plan. If you consent to the terms of the Plan, please sign and return it to me as soon as possible.

If you would like a translated version of this 504 Plan, please let me know.

Sincerely,

Section 504 Coordinator

Phone: _____