

Request for Advisory Opinion

We request an advisory opinion. We understand both parties must agree to an opinion and we are not required to pursue an advisory opinion prior to a hearing.

Parent Signature	Date	School District Representative	Date
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Two mutually agreeable dates for the advisory opinion: _____, _____

From these dates, one will be selected for the advisory opinion.

Please forward to the address on the front of this form and, as appropriate, to the parents or the school district.