

County Code _____ SELPA Name _____ SELPA Region Code _____

2019–20 Infant Program Waiver Request Form

Certification	
I certify that, to the best of my knowledge, the programmatic justification is complete and reported in accordance with all applicable laws.	
SELPA Authorized Signature: _____	Date: _____
SELPA Contact Person: _____	Phone: _____

~ For California Department of Education Use Only ~

Partial Approval Approved Denied

Units to be Released	SDC	RSP	DIS
Balance of units to be released on 7/1/2020:			
Number of units to be exempted from release:			
Balance of units to be released:			

Consultant Name: _____

Consultant Signature: _____ Date: _____

Manager Signature: _____ Date: _____