



**2021–22 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 7/1/2022:			
Number of units to be exempted from release:			
Balance of units to be released:			

Consultant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Consultant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reset**

**Print**