

Livonia Public Schools

SECTION 504 - COVER LETTER TO PHYSICIAN

FORM G

Re:

Dear

The above-named student is currently being evaluated by the Livonia Public Schools for the purpose of determining the student's eligibility for services under Section 504 of the Rehabilitation Act of 1973. In order to be eligible under Section 504, the student must have a physical or mental impairment that substantially limits a major life activity.

Enclosed is an authorization for release of information to the School District signed by the student's parent/guardian. Please assist us with our evaluation by completing and returning the enclosed Physician's Statement no later than

Please send to:

We appreciate your assistance in this evaluation process. Please contact me if you have any questions. Thank you in advance for your cooperation.

Sincerely,

c:

Enclosures - Physician's Statement

- Authorization for Release of Information