



**WITHDRAWAL OF DISPUTE
RESOLUTION REQUEST**

SECTION 1: TYPE OF RESOLUTION TO BE WITHDRAWN

Written State Complaint

Mediation

Parent only:

Due Process Hearing

COMPLETED FORMS CAN BE SUBMITTED AS FOLLOWS:

E-MAIL: APPEALS@SCDHHS.GOV

MAIL: SCDHHS/APPEALS AND HEARINGS

FAX: 803.255.8206

1801 MAIN ST, COLUMBIA, SC 29201

ATTN: IDEA/PART C DISPUTES

SECTION 2: CHILD INFORMATION

Not Applicable

Child's First and Last Name:

Date of Birth:

Address:

SECTION 3: REASON FOR WITHDRAWAL OF REQUEST:

SECTION 4: PERSON WITHDRAWING REQUEST:

Name:

Relationship to Child:

Signature

Date