

Case #

OFFICE for DISPUTE RESOLUTION

Authorization of Resources

Please complete this form and present it to the mediator assigned to this case.

Student: _____

School District: _____

Mediation Date: _____

The aforementioned school district agrees to participate in mediation regarding special education for the aforementioned.

I, _____, as **Superintendent**

have the authority to represent the school district in mediation for this student; and to commit whatever resources are necessary for this student as a result of the mediation session.

Signature: Chief School Administrator

Date

Print name and title of Chief School Administrator

6340 Flank Drive, Suite 600, Harrisburg, PA 17112-2764

717-541-4960 • Toll Free 800-360-7282 • Fax 717-657-5983 • TTY 800-654-5984 • www.pattan.k12.pa.us