School District Name:
School District Address:
School District Contact Person/Phone #:

# AGE OF CONSENT DECISION FORM

To Student: - DOB: Grade Level:

From:

Date:

Re: Student Rights Upon Reaching Age 18 (Age of Majority)

I understand my rights under Massachusetts special education regulations regarding the Age of Consent, as explained in the letter attached I have made the following decision.

1. I wish to retain decision-making authority myself.
2. I wish to share decision-making authority with:
   a. My parents(s): _____
   b. Another adult (name and role): _____
3. I wish to delegate decision making authority to:
   a. My parents(s): _____
   b. Another adult (name and role): _____

Student signature Date

TEAM member signature Date

Witness signature Date

Copy to: Student file
Student
Others named above