



REQUEST FOR WAIVER

Dear Colleagues:

It is the Department's goal to work in partnership with you to ensure that all students reach higher levels of learning. As part of this ongoing effort, you may wish to request a waiver of certain state or federal regulations in order to address students' educational needs. We will do whatever possible to assist you.

Sincerely,

*Mitchell Chester
Commissioner of Elementary & Secondary Ed*

District/Collaborative/Approved Private Special Education School, etc.:

School(s): _____

Contact Person: _____

Address: _____

Telephone #: _____ Fax #: _____ Email: _____

Signature of Superintendent or of Collaborative or Private School Executive Director:

_____ Date: _____

Please Check (4): (and attach necessary waiver form(s))	Academic Year:	Form:
Ed-Flex <input type="checkbox"/>		A
Special Education		
• Age Span <input type="checkbox"/>		B
• Alternative Compliance <input type="checkbox"/> (Public and Private Schools)		C
Other: _____		D

Please return with the appropriate waiver form(s) to:

Mitchell Chester
Commissioner of Elementary and Secondary Education
MA Department of Elementary and Secondary Education
75 Pleasant Street
Malden, MA 02148
Phone: (781) 338-3000
Fax: (781) 338-3370