

TO: Ty Manieri
Office of Student Learning & Partnerships
255 Capitol St. NE
Salem OR 97310

Request for Advisory Opinion by Both Parties

We request an advisory opinion. We understand both parties must agree to an advisory opinion and we are not required to pursue an advisory opinion prior to a hearing. We have read a description of the Advisory Opinion Procedures and our consent is knowing and voluntary.

Parent Signature Date School Dist. Representative Date

Two mutually agreeable dates for the advisory opinion process:

_____, _____

Please forward to the above address.

Request for Advisory Opinion by One Party

I request an advisory opinion. I understand both parties must agree to an advisory opinion and I am not required to pursue an advisory opinion before a hearing. I have read a description of the Advisory Opinion Procedures and my consent is knowing and voluntary.

I suggest the following date(s) for the Advisory Opinion Process: _____

Signature Date

Please forward to the above address and to the other party at the same time.

I agree to try the advisory opinion process. I understand both parties must agree to an advisory opinion and I am not required to pursue an advisory opinion before a hearing. I have read a description of the Advisory Opinion Procedures and my consent is knowing and voluntary.

I suggest the following date(s) for the Advisory Opinion Process: _____

Signature Date