

NEW HAMPSHIRE STATE DEPARTMENT OF EDUCATION  
USERS' GUIDE TO ADMINISTRATIVE PROCESS

**Written Request for Withdrawal of Hearing**

To: \_\_\_\_\_  
[enter Hearing Officer name here]

From: \_\_\_\_\_  
[enter your name]

Copy: Stephen W. F. Berwick, Legislation/Hearings

Date: \_\_\_\_\_

Case #: \_\_\_\_\_

I/We, the undersigned, as a result of \_\_\_\_\_,  
[enter reason for requesting withdrawal]\*

request that the hearing scheduled regarding the above-named student be withdrawn.

I/We certify that a copy of this request has been sent to the opposing party.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

*\* if mediation or settlement as part of a special education hearing request please use Form AH-IDPH S "Written Request for Cancellation of Hearing"*

(Form AH-Y)