



*(For parents):* I authorize the school district and ODE to share educational information with the mediator about my child's identity, educational needs, and information pertinent to the mediation. I understand the mediator will keep this information confidential.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requests for mediation may be submitted to ODE by:

Faxing copy to 503-378-5156

E-mail to: [ode.disputeresolution@ode.state.or.us](mailto:ode.disputeresolution@ode.state.or.us)

Or mail to: Special Education Legal Specialist

Office of Student Services

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Salem, OR 97310