



**CONTRACT WAIVER REQUEST**  
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
SPECIAL EDUCATION DIVISION  
SFN 61044

Requesting Agency		Date of Request		
Mailing Address		City	State	ZIP Code
Contact Person				
Telephone Number		Email Address		
Student Name	Student ID Number	District of Residence		
Projected Student Contract Submission/Resubmission Date				
Reason for Waiver of Contract Preapproval				