

PROOF OF SERVICE

INFORMATION

Federal and state laws require you to send or deliver a copy of the attached document to each of the named parties. Additionally, you must send or deliver a copy to the Office of Administrative Hearings. Retain a copy for yourself.

Please indicate that you have sent copies of the attached document by checking the appropriate box or boxes below.

This Proof of Service may be used to confirm service to more than one party.

Different methods of service may be used for different parties as needed. For example, if serving more than one school district indicate which method of service is used for each school district by checking the appropriate boxes. If one school district is served by fax, a second school district may be served by fax, U.S. mail or by any other method listed below. For each method of service used provide the indicated information for that type of service for each party served.

REQUIRED INFORMATION:

NAME OF DOCUMENT BEING SERVED:

I have provided a copy of the document identified above to all the named parties and to the Office of Administrative Hearings by the method of service identified on the following pages.

TYPE OF SERVICE

Check applicable box and provide the information indicated. (If service of more than one person or entity is included in this Proof of Service, additional sheet may be added.)

PERSONAL DELIVERY:

NAME AND ADDRESS OF PERSON SERVED:

NAME OF PERSON PERSONALLY SERVING THE DOCUMENT AND THE DATE AND TIME OF DELIVERY:

FIRST CLASS MAIL (U.S. MAIL)

NAME AND ADDRESS OF PERSON SERVED:

DATE MAILED:

MESSENGER OR OVERNIGHT DELIVERY SUCH AS UPS, FEDEX, OR OTHER COURIER SERVICE

NAME OF PERSON SERVED AND ADDRESS WHERE DOCUMENT WAS DELIVERED:

NAME OF MESSENGER OR DELIVERY SERVICE USED:

DATE SERVED:

RECEIPT IS ATTACHED (CHECK BOX TO CONFIRM RECEIPT IS ATTACHED):

FAX (ALSO CALLED FACSIMILE TRANSMISSION)

NAME AND FAX NUMBER OF PERSON SERVED:

DATE AND TIME OF FAX:

EMAIL

BY CHECKING THIS BOX I ASSERT THAT THE PERSON OR AGENCY BELOW HAS AGREED TO ACCEPT DOCUMENTS BY EMAIL.

NAME AND EMAIL ADDRESS OF PERSON SERVED:

DATE AND TIME OF EMAIL:

SIGNATURE OF PERSON COMPLETING THIS PROOF OF SERVICE

PRINT THE NAME OF THE PERSON COMPLETING THIS PROOF OF SERVICE IN THE SPACE BELOW.

The person completing this Proof of Service must sign in the space below and write the date of the signature next to the signature.

BY TYPING MY NAME BELOW I AM AGREEING THAT I HAVE ELECTRONICALLY SIGNED THIS FORM ON THE DATE PROVIDED BELOW.

DATE OF SIGNATURE: