

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

**Special Education Impartial Due Process Hearing Program**

**Written Request for Cancellation of Hearing**

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

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

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

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

We, the undersigned, as a result of \_\_\_\_\_,  
[enter successful mediation or settlement]

request that the Impartial Due Process Hearing scheduled regarding the above-named student be cancelled.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney/Advocate for Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
School District Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
School District Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for School District

\_\_\_\_\_  
Date

(Form AH-IDPH S)