

**APPENDIX E  
SPECIAL EDUCATION RELEASE TIME FORM**

**BEVERLY HILLS UNIFIED SCHOOL DISTRICT  
SPECIAL EDUCATION TEACHER  
REQUEST FOR RELEASE TIME FORM**

Name: \_\_\_\_\_ Pin Number: \_\_\_\_\_

Location/Assignment: \_\_\_\_\_ Date Request Filed: \_\_\_\_\_

Preferred Release Date: \_\_\_\_\_ Administrative Response in seven (7) days from  
date request submitted: \_\_\_\_\_

Reason for  
Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggestions that would remediate need for release time in the future: \_\_\_\_\_

\_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Ed. Coordinator Signature \_\_\_\_\_ Date: \_\_\_\_\_

White: Coordinator

Yellow: Principal

Pink: Teacher