

Maryland State Department of Education/Office of Child Care  
Child Care Scholarship Program  
**APPEAL WITHDRAWAL REQUEST**

**Return To:**  
CCS Central 2  
PO Box 346031  
Bethesda, MD 20827

We were notified that you no longer wish to appeal for a fair hearing with the Office of Administrative Hearings. A signed withdrawal request is required before we can withdraw your hearing appeal. Please sign this form and return it to the address above.

**Section 1 General Information**

First Name: <First Name>

Last Name: <Last Name>

Date of Birth (DOB):

Contact Phone Number:

Social Security Number (SSN) (Optional):

**Section 2 Signature**

By signing, I declare that I wish to withdraw my appeal for a fair hearing with the Office of Administrative Hearings.

Signature

Date

*This appeal withdrawal request will not be processed if the form is not signed.*