

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

Return To:
ccscentral.msde@maryland.gov

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.