

Withdrawal of FSCD Appeal Form

Only the appellant(s) or their representative (e.g. legal counsel) can withdraw the appeal. Once you have made the decision to withdraw your appeal, please confirm this decision by completing this form, signing and dating it.

(Appellant(s) First and Last Name)	
(Appellant(s) Mailing Address)	(Town or City)
(Province)	(Postal Code)
(Home Phone #)	(Work Phone #)
I am withdrawing my appeal to the Family Support for Children with Disabilities Appeal Committee	
Reasons for Withdrawal (optional)	
_____	_____
Appellant(s) or Representative Signature(s)	Date

Return this form to:
Community and Social Services
Appeals Secretariat
201 Agronomy Centre
6903 – 116 Street
Edmonton AB T6H 5Z2
Fax: 780-422-1088