

**D.A.R.E. America
Request for Waiver**

Applicant Requesting Waiver:

Date

Agency Requesting Waiver:

Agency Contact Person:

Phone:

Agency Address:

City:

State:

Zip:

Specific policy requirements for which waiver is sought:

Justification for waiver: Please be very specific. Use additional pages if necessary:

Type of D.A.R.E. Training Requested:

Location of Training:

Dates of Training:

Recommendation of State Coordinator:

Approve Waiver **Disapprove Waiver**

State Coordinator's Signature

Date

Action of D.A.R.E. America:

Approve Waiver **Disapprove Waiver**

Regional Director's Signature

Date