

**Nondiscrimination and Student Rights**

**Notice of Appeal/Request for an Impartial Due Process Hearing  
Under Section 504**

Student's Name: \_\_\_\_\_ Testing \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: E-Mail: \_\_\_\_\_

I am in disagreement with the following decisions made by the District pertaining to my child's identification/evaluation/educational placement under Section 504:

Please describe the facts and circumstances giving rise to the disagreement:  
(Please state the background leading to the disagreement and why you disagree with the multidisciplinary team's decision(s):

Please state the specific issues to be decided at the due process hearing:

Please describe the relief you are requesting through the due process hearing (what result you would like the hearing officer to provide if the hearing officer decides in your favor):

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date of Signature