

STUDENTS

Form 2110

Nondiscrimination and Student Rights

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

Student's Name: _____

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