Section 504 Notice of Appeal - **FORM K**

Request for Impartial Due Process Hearing

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| Student’s Name: | Date: |
| Parent/Guardian Name: | Phone: |
| Address: | Email: |

**Please provide the following information:**

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| I disagree with the following decisions made by the District regarding my Student’s identification/evaluation/educational placement under Section 504: |
| State the specific issues to be decided at the impartial due process hearing: |
| Describe the relief you are requesting through the impartial due process hearing: (The result you would like if the hearing officer rules in your favor) |

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **For Administrative use only:**  Received by (Name): Date: |