



FORM K
SECTION 504 REQUEST FOR AN IMPARTIAL
DUE PROCESS HEARING

Student's Name: _____

Parent/Guardian Name: _____

Contact Information

Address: _____

Phone Number: _____ **Email:** _____

Please provide the following information:

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:** _____

For Administrative Use Only:

Received by (Name):	Date:
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