

**Jefferson County Schools
Request for Section 504 Due Process Hearing**

Student's Name: _____

Date of Birth: _____ Grade _____

Student's Address:

School:

Parent/Guardian's Name:

Parent/Guardian's Address:

Parent/Guardian's Phone Number(s):

I am requesting that a Section 504 Due Process Hearing be scheduled regarding the following issues:

Section 504 identification:

Section 504 evaluation:

Section 504 placement:

Parent/Guardian/Authorized Representative Signature

Date

Return this form by FAX or MAIL to:
Mandy Schneitman
Director of Student Support Services
Jefferson County Board of Education
PO Box 190, 1221 Gay St.,
Dandridge, TN 37725
865-397-3194
Fax 865-397-3301