



Section 504 Request for Mediation/Hearing

This form is intended to be used if a parent or guardian or student 18 years of age or older wishes to pursue mediation or an impartial hearing with respect to the identification, evaluation, or educational placement of the student.

Name of person requesting mediation/hearing: _____

Relationship to student: _____

Address: _____

Phone #: _____

Fax #: _____

I/we request a **MEDIATION** / **HEARING** (please circle) concerning:

_____, _____, who resides at
(Name of student) (Date of birth)

_____ and attends _____.
(Address of student) (Name of school)

The date of the Section 504 meeting at which the parties failed to reach agreement: _____

Description of the issues in dispute between the parties regarding the identification, evaluation or educational placement of the student:

Proposed resolution or corrective action you wish to see taken with regard to the stated issues:

Signature of Parent/Guardian

Date