

Notice of 504 Impartial Hearing Request



Anchorage School District
Educating All Students for Success in Life

Instructions

Complete the fields below in order to request an impartial hearing regarding Section 504 matters. After completing this form, save it as a PDF. Then mail the completed form to Anchorage School District, Attention: Section 504 District Coordinator, 5530 E. Northern Lights Blvd, Anchorage, AK 99504 or email it to section_504@asdk12.org.

The request must be made to the District 504 Coordinator within 1 year after the section 504 meeting determination.

Student Information

Student Name: _____
Last First Middle
Student ID#: _____ School or Program: _____ Grade Level: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Requester Information

Requestor Name: _____
Last First Middle
Relationship to Student: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Attorney-Legal Representative Information (if any)

Attorney or Legal Representative, if any: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Alaska Statute [AS 14.30.193](#): "A **school district** or a **parent** of a child with a disability may request a due process hearing on any issue related to identification, evaluation, or educational placement of the child, or the provision of a free, appropriate, public education to the child."



Problem

Describe the problem with the student's education program, including any known violation of Alaska or federal law and regulation. Describe any relevant, specific actions the district has taken or refused to take.

Proposed Solution

Describe what you think needs to be done to solve the problem, if you know or have any specific ideas at this time.

A signature is REQUIRED:

Signature: _____ Date: _____

Print Name: _____