Documentation
Request Level 3 Appeal

Student Name:_____ Campus:_____

For Office Staff Only

Received by: _____ Date received: _____

Parent Name: _____ Phone: _____

Address:_____ Email: _____

(Please complete all information requested below.)

The request will be considered under the legal rights of the Texas Open Meetings Act.

Please describe how you disagree with the decision made at the Level 2 Conference.

☐ I will bring legal counsel (please list the name, office address, office email and office phone number below or attach business card):

District will provide all documents included in the Level 1 and Level 2 processes.

_____

Student or parent signature Date

Retention: Resolution or dismissal of complaint + 2 years
Date of Destruction: _____

This institution does not discriminate based on race, religion, color, national origin, gender, sex, or disability in providing education services, activities, and programs per Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973.

Last Update: 7/2025