**Section 504 Due Process Hearing Request**

**West Carroll SSD**

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: Betty Wallace

Secction 504 Co-ordinator

P. O. Box 279

Trezevant, TN 38258

731-662-4200