Murfreesboro City Schools 2252 South Church Street, Murfreesboro TN 37127 **Phone** (615) 893-2313 **Fax** (615) 893-2352 cityschools.net



Request for a Section 504 Due Process Hearing

Pursuant to Board Policy 1.802 and Administrative Directive 1.802.1, a parent/guardian may request an impartial due process hearing to contest any action of the school with regard to a child's identification, evaluation, and/or placement under Section 504. To request a hearing, please complete this form and submit to the district's 504 Compliance Coordinator.

Student/Parent Information

Student Name:	Grade:	Date of Birth:
School attending:		
Parent/Guardian Name:	Pho	ne:
Relation to Student: \square Parent \square	Legal Guardian □ Other:	
Address:		
E-mail (optional):		
Hearing Request		
I am requesting a Section 504	due process hearing for th	e following issues:
Section 504 Identification ☐ Section 504 Evaluation ☐ Section 504 Placement		
☐ Other:		
Description of action or omissi	on being challenged:	
Describe the corrective action	or remedy you are seeking	:
By signing below, you affirm that you submit a request for a due process he		
Parent/Guardian Signature	Parent/Guardian Name	