

Notice of 504 Impartial Hearing Request



Instructions

Complete the fields below in order to request an impartial hearing regarding Section 504 matters. The request must be made to the District 504 Coordinator within 30 calendar days after receipt of the Section 504 meeting determination.

Student Information

Student Name	First _____ Last	Street Address Including City, State, and ZIP Code
Telephone		
School or Program Attending	Current Grade Level	

Requestor Information

Requestor Name	First _____ Last	Street Address Including City, State, and ZIP Code
Telephone	Relationship to Student	

Attorney-Legal Representative Information

Attorney or Legal Representative, if any	First _____ Last	
Telephone	Fax #	
Email Address		

*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.

Signature

_____ *Signature of the Person Submitting this Form*

Name

_____ *Name of the Person Submitting this Form (print)*

Date of Signature

MM DD YY