



Request for Section 504 Due Process Hearing (INS-F153)

Student's Name:	Birthdate:
Student's Address:	
School:	Grade:
Parent/Guardian Name:	Email
Phone Number:	Work Number:

I am requesting a Section 504 Due Process Hearing be scheduled regarding the following issue:

- ☐ Section 504 identification/eligibility ☐ Section 504 evaluation ☐ Section 504 placement

1. Please describe below the action or inaction in question:

2. Please explain the remedy you are seeking:

3. Return this form to: *(Upon receipt, all parties involved will be contacted to arrange investigation and establish timeline for resolution.)*

Jami Skevington, District Section 504 Coordinator
1312 Highway 48/13
Clarksville, TN 37040
Phone: (931)553-1155 Email: 504coordinator@cmcsc.net

Parent/Guardian/Authorized Representative Signature

Date