

**Oak Ridge Schools**  
**Request for Section 504 Due Process Hearing**

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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:**

Dr. Larrissa Henderson  
P.O. Box 6588  
Oak Ridge, TN 37831  
(865) 425-9061 - FAX