

DUE PROCESS HEARING REQUEST FORM

Please submit any request for a due process hearing to your district superintendent and to the Dispute Resolution Coordinator, State Department of Education, P.O. Box 83720, Boise, ID 83720-0027. (You may use this form or submit a letter that includes the information below.)

A. General Information: (type or print)

Date of Written Request: _____ Date Received (completed by SDE): _____

Name of Individual Requesting Hearing: _____

Address: _____

City: _____ Zip: _____ Day Phone: _____

Parent/Guardian of Student: _____

Address: _____

City: _____ Zip: _____ Email: _____

Telephone: (Hm) _____ (Wk) _____ (Cell) _____

Name of District/Agency Hearing Request Is Against: _____

Student Information:

Student Name: _____

Address: _____

City: _____ Zip: _____

Telephone: _____

District Information:

District Contact: _____

Address: _____

City: _____ Zip: _____

Telephone: _____

School Student Attends: _____

Student's Date of Birth: _____

(Complete if the information is available):

Student's Attorney: _____

(Complete if the information is available):

District's Attorney: _____

