

EXPEDITED DUE PROCESS HEARING REQUEST FORM

Please submit any request for an expedited 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: _____ Email: _____

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

Parent/Guardian of Student: _____

Address: _____ City: _____

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

Name of District/Agency Hearing Request Is Against: _____

Student Information:

Student Name: _____

Address: _____

City: _____ Zip: _____

Date of Birth: _____

School Student Attends: _____

Student's Grade: _____

(Complete if the information is available)

Student's Attorney: _____

(Complete if the information is available)

District's Attorney: _____

