

**Greene County Schools  
Request for Section 504 Due Process Hearing**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Address: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_

Parent/Guardian's Phone Number: \_\_\_\_\_

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

Section 504 identification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Section evaluation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Section 504 placement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian/Authorized Representative Signature

\_\_\_\_\_  
Date

Return this form by FAX or MAIL to:

Greene County Schools 504 Coordinator  
910 W Summer Street, Greeneville TN 37743  
Telephone: (423) 639 – 4194 FAX (423) 639 – 1516

TDOE  
Section 504 Guide