

# REQUEST FOR IMPARTIAL DUE PROCESS HEARING

Date \_\_\_\_\_

State Superintendent of Education  
Post Office Box 302101  
Montgomery, Alabama 36130-2101

Dear Superintendent:

I disagree with one or more of the special education decisions that have been made regarding:

\_\_\_\_\_ Student  
\_\_\_\_\_ School Attends  
\_\_\_\_\_ School System

I am requesting an impartial due process hearing. I understand that I must send a copy of this request to the local education agency. The local education agency will contact me to schedule a resolution meeting that will occur within 15 calendar days of the filing of this request. The resolution meeting need not be held if both parties agree in writing to waive the meeting or agree to use the State mediation process.

My concern(s) and proposed resolution(s) are written in the boxes below.

Concern(s):

Proposed Resolution(s):

Sincerely,

\_\_\_\_\_  
Signature of Person Requesting Hearing - Parent Student  
\_\_\_\_\_  
Street Address, Route Number, or Post Office Box Number  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Telephone Number

cc: Local Education Agency Superintendent