

REQUEST FOR DUE PROCESS HEARING
(Virginia Department of Education Form¹)

If due process is requested by or on behalf of a student, please submit this form to the Superintendent, Special Education Director or other representative of the Local Educational Agency, who shall then forward such request form to the Virginia Department of Education. If due process is requested by the Local Educational Agency, please submit this form to the parent(s), representative, or student and the Virginia Department of Education.

(Please type or write legibly, sign and date)

1. Child's Name: _____
Age: _____ Date of Birth: _____
2. Child's Home Address²: _____

(City) (Zip)
3. City/County School Division: _____
4. School Child Attends: _____
5. Name of Parent(s)³ Initiating Hearing: _____
Address: _____

(City) (Zip)
Telephone Numbers: Home () _____ Office () _____
6. Parent's (Parents') Representative, if any (i.e., Attorney, Advocate, etc.)
Name: _____
Address: _____

(City) (Zip)
Telephone Number: _____

¹ The use of this form is not mandatory; however, much of the information requested by this form is necessary in order to initiate a due process hearing. Please note that the failure to use this form may not be used to delay or deny a parent's right to a due process hearing.

² If a homeless child or youth, then provide available contact information.

³ Parent includes student at age 18, if parental rights have been transferred to the student, and any other individual who meets the definition of parent in the special education regulations.