



Tennessee Department of Education Mediation Request Form

Office of General Counsel
9th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243
Fax: (615) 253-5567

Name of Child		Child's Date of Birth <i>Month/Day/Year</i>		Child's Disability	
School System		School Child is Attending			
Parent/Guardian Information			Local Education Agency (LEA) Administrator Information		
Name			Name		
Address			Address		
City		Zip Code	City		Zip Code
Home Phone	Cell Phone		Phone		Fax
Email Address			Email Address		
If represented by an attorney:			If represented by an attorney:		
Name of Attorney			Name of Attorney		
Address			Address		
City		Zip Code	City		Zip Code
Phone	Fax		Phone		Fax
Email Address			Email Address		
<p>We understand this request is for mediation only. A due process hearing <i>has not</i> been requested.</p> <p>We understand this request is for mediation concurrent with a request for a due process hearing. A written request for a due process hearing has been forwarded to the Director of Schools.</p>					
Summary of issues to be mediated:					
Signature of Parent/Guardian		Date	Signature of LEA Administrator		Date