

REQUEST FOR SPECIAL EDUCATION **MEDIATION**

Student's Full NAME and DATE OF BIRTH:	Parent Full NAME:
Student's ADDRESS:	Parent ADDRESS and PHONE NUMBER: () -
District Student Attends:	Campus Student Attends:
Is there a pending Due Process Hearing or Complaint on these issues? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide Docket or Complaint Number:	

Brief Summary of the Situation:

Contact Information for Authorized Representative: Name: _____ Mailing Address: _____ _____, _____ Phone Number(s): _____ - _____ - _____ or _____ - _____ - _____ or _____ - _____ - _____	Capacity of Authorized Representative: <input type="checkbox"/> Attorney <input type="checkbox"/> Non-Attorney Representative <input type="checkbox"/> Self (18 years or older student with a disability)
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Parent/Representative Signature

Date

MAIL OR FAX TO: Texas Education Agency
 OFFICE OF LEGAL SERVICES
 1701 North Congress Avenue
 Austin, Texas 78701
FAX: 512-475-3662 or 512-463-6027

and School District or Charter School