



Tennessee Department of Education
Education Freedom Scholarship (EFS) Program
Andrew Johnson Tower, 10th Floor
710 James Robertson Parkway, Nashville, TN 37243

Uniform Administrative Procedures Act Appeal Form for Applicant Schools, Participating Schools, and Service Providers

Applicant schools, participating schools, and service providers may appeal the Commissioner's decision to deny an appeal pursuant to the EFS rules. See [State Board of Education Rule 0520-01-24-.13](#). The appeals must include a completed copy of this form and conform to the contested case provisions of the Uniform Administrative Procedures Act (UAPA) (T.C.A. Title 4, Chapter 5, Part 3). To file a UAPA appeal, please complete this UAPA form and email the completed form to EFS.Questions@tn.gov. The UAPA appeal must be filed with the Commissioner by the applicant/participating school or service provider within **30 calendar days** of the receipt of the notice of denial of the Step 1 Appeal. Such notice shall be deemed received by the school or service provider one (1) business day after the e-mail is sent by the department. After the UAPA form has been submitted to the department, you will be notified by an administrative law judge who will set the date and time of your hearing.

Directions: Please complete the following fields and email the completed form to EFS.Questions@tn.gov.

**Uniform Administrative Procedures Act Appeal Form for Applicant Schools,
Participating Schools, and Service Providers**

Appeal Information

School or Service Provider Information	Response Field <i>Please complete every field unless otherwise noted.</i>
School or Service Provider's Name	
Physical Address of School or Service Provider (Street, City, and Zip Code)	
Name of School Principal or Service Provider Appellant	
Email for School Principal or Service Provider Appellant	
Phone Number for School or Service Provider Appellant	
Date of Step 1 Appeal Denial	

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What appeal denial decision are you appealing?

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In the space below, please provide a detailed description of the reasons why you are appealing the Commissioner's denial of the Step 1 appeal. Please include specific details to substantiate your claims.

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Supporting Documentation

If applicable, upload supporting documents to substantiate your claims.

Signature

I certify the information provided in this form, including any supporting documentation, is truthful and accurate. I further understand that if any false statements or documentation is provided, the department may prohibit the school or service provider and/or remove the school or service provider from participating in the EFS Program.

Principal or Service Provider's Signature

Date