Tennessee Education Savings Account Program

Tennessee Department of Education
Education Savings Account (ESA) Program
Andrew Johnson Tower, 10th Floor
710 James Robertson Parkway, Nashville, TN 37243

Appeal Form for Parent/Student Account Holders, Step 2

A parent or student who has attained the age of majority (applicant/account holder) may appeal the Commissioner's decision to deny an appeal pursuant to the rules of the ESA Program. The appeals must include a completed copy of this form and conform to the contested case provisions of the Uniform Administrative Procedures Act (UAPA) (Tenn. Code Ann. Title 4, Chapter 5, Part 3). To file a UAPA appeal, please complete this UAPA form and email the completed form to ESA.Questions@tn.gov. The UAPA appeal must be filed with the Commissioner by the applicant/account holder within **30 calendar days** of the receipt of the notice of denial of the Step 1 appeal. Such notice shall be provided electronically and shall be deemed received one (1) business day after the e-mail is sent. 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.

Appeal Form

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

Parent/Student Information

Student Name: _____

Student Date of Birth: _____

Street Address (Street): _____

City, State, and Zip Code: _____

Phone Number: _____

Email Address: _____

Today's Date: _____

Date of Appeal Denial: _____

Appeal Information

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

Supporting Documentation

If applicable, attach supporting documents to substantiate your claims. Redact for sensitive information.

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 student and/or remove the student from participating in the ESA program.

_____ _____

Parent/Student Signature ***Date***

Office Use Only

Date Received: _____

Date of Decision: _____

Decision: _____

Date Replied: _____