

Appeal Form for Families

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) (T.C.A. Title 4, Chapter 5, Part 3). To file a UAPA appeal, please complete this UAPA form and submit the completed form in the portal. The UAPA appeal must be filed with the Commissioner by the applicant/account holder within **30 days** of the receipt of the notice of denial of the step 1 appeal. Such notice shall be provided electronically and be deemed received on the date 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.

Directions: Please complete the following fields and submit the form in your portal account.

	Student Information Response Field Please complete every field unless otherwise noted.		
Student Name			
Home Address			
Date of Birth			
Email Address			
Phone Number			
Today's Date			
Date of Appeal Denial			

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

Signa	ature
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Check the assurance box below to confirm the state	ment; then sign and date the for	·m.
☐ I certify the information provided in this form accurate. I further understand that if any fals may prohibit the student and/or remove the	se statements or documentation	is provided, the department
Parent/Guardian of Student Signature	Date	
For office use only		
Date received:		
Date of decision:		
Decision:		

Date replied: