

Tennessee Department of Education Mediation Request Form

Office of General Counsel Andrew Johnson Tower, 9th Floor 710 James Robertson Parkway Nashville, Tennessee 37243

Email completed forms to the public education agency and dispute.resolution@tn.gov

Name of Child		Child's Da	ate of Birth <i>Month/Day/Year</i> Child's Disability				
Public Education Agency		School C	School Child is Attending				
Parent/Guardian Information			Public Education Agency Administrator Information				
Name			Name				
Address			Address				
City Zip) Code	City	ity		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		Code	City			Zip Code	
Phone	Fax		Phone	Fax			
Email Address			Email Address				
We understand this request i	s for mediation o	nly. A due proce	ss hearing <u>has not</u> been requeste	d.			
We understand this request i has been forwarded to the Di			request for a due process hearing	g. A written re	equest for a du	ue process hearing	
Summary of issues to be mediated:							
Signature of Parent/Guardian Da		Date	Signature of Public Education	on Agency Administrator		Date	