

Gibraltar School District
Section 504 Due Process Hearing Request Form

Section 504 Coordinator

Matthew Moll
734-379-7100

Student's Name _____ DOB: ____/____/____

Address: _____

City / State / Zip: _____

School: _____

Address: _____

City / State / Zip: _____

Phone: _____ Fax: _____

Parent Name: _____

Address: _____

City / State / Zip: _____

Phone: _____ Fax: _____

Problem and Facts: What is the nature of the problem and what are the facts that relate to the problem? (You may list more than one problem).

(Use additional pages if necessary)

Proposed Solution: Describe the actions or services that you believe will resolve the issues based on the information available to you.

(Use additional pages if necessary)

Signature of Individual Submitting Request: _____

Date: _____

Please print name here: _____

Address: _____

City / State / Zip: _____

Phone: _____ Fax: _____

Please Return This Form to the School District's Section 504 Coordinator