



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

Note: Participation in mediation is voluntary; both parties must agree to participate.

Name of Child		Child's Date of Birth <i>Month/Day/Year</i>		Child's Disability	
School District or Other Public Agency		School Child is Attending			
Parent/Guardian Information			School District or Other Public Agency Administrator Information		
Name			Name		
Address			Address		
City		Zip Code	City		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	City		Zip Code
Phone		Fax	Phone		Fax
Email Address			Email Address		
☐ We understand this request is for mediation only. A due process hearing <i>has not</i> been requested.					
☐ We understand this request is for mediation concurrent with a request for a due process hearing. A written request for a due process hearing has been forwarded to the Director of Schools.					
Summary of issues to be mediated:					
Signature of Parent/Guardian		Date	Signature of School District/Public Agency Administrator		Date