



## REQUEST FOR SECTION 504 APPEAL

(FORM 504-7)

Student Name: \_\_\_\_\_ Student Id # \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Person  
Completing this Form: \_\_\_\_\_ Relationship  
to Student: \_\_\_\_\_

1. Describe the action or decision that you wish to appeal.

2. Explain the steps you have already taken to resolve the issue, if any.

3. Describe the resolution to your concerns that you would like to see.

4. Please attach any documents or other information you believe will be helpful with the consideration of your appeal.

*Please submit this form to the district's Section 504 Coordinator, Dave Peters  
[dpeters@everettsd.org](mailto:dpeters@everettsd.org) | 3900 Broadway, Everett, WA 98201*

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For School/District Personnel Only

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution: 1) District Section 504 Coordinator - [Dave Peters](#)  
2) Student's School Counselor  
3) Upload to Special Programs