



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 | 3900 Broadway, Everett, WA 98201*

For District Personnel Only

Received by: _____ Date: _____

Distribution: 1) District Section 504 Coordinator - [Dave Peters](#)
2) Parent/Guardian/Adult Student
3) Upload to Special Programs