

# Request for Special Education Mediation

## Student Information

Name:	
Date of Birth:	
Address:	

## Parent, Guardian, or Surrogate Parent Information

Name:			
Address:			
Phone Number(s):	(home)	(cell)	(work)
Email:	(optional)		

## School Information

School District:		
School Student Attends:		
Is there a pending Due Process Hearing or Complaint on these issues?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, provide Docket or Complaint Number:		

## Attorney/Advocate Information for Requester (if applicable)

Name:			
Capacity:	<input type="checkbox"/> Attorney	Bar Number:	<input type="checkbox"/> Advocate
Address:			
Phone:	(office)	(cell)	(fax)
Email:			

**Brief Summary of the Issues for Mediation:** You may add additional pages if necessary.

**This request is being filed by:**

- Parent, Guardian, Surrogate Parent or Adult Student       School District or Other Local Education Agency (LEA)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail, email, fax, or hand deliver** this request to the other party **and** to:

Texas Education Agency  
1701 North Congress Ave  
Austin, Texas 78701  
Email: [SE-Legal@tea.texas.gov](mailto:SE-Legal@tea.texas.gov)  
Fax: 512-463-6027