

CONTACT INFORMATION

Parent/Guardian's Name: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Parent/Guardian's Name: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

ACCESSIBILITY NEEDS (of the parent or adult student with a disability)

Translation Needs (Please specify):

Interpreter Needs (Please specify):

Accessibility Needs (Please specify):

SUBMISSION INFORMATION

Name of Individual Completing this Request Form:

Print Name: _____

Signature: _____

Date of Submission: _____

SEND SIGNED FORM VIA MAIL OR FAX TO:

Mediation Coordinator
NC Department of Public Instruction
6356 Mail Service Center
Raleigh, NC 27699-6356

Telephone: (919) 807-3979
Fax: (919) 807-3755