

COMMONWEALTH OF MASSACHUSETTS

*Special Education Appeals*

**FAX NUMBER: (781) 338-3398**

**ADVANCEMENT / POSTPONEMENT REQUEST FORM**

(See reverse for instructions)

This request is for (please check one):  an advancement of the hearing  
 a postponement of the hearing

Student's Name: \_\_\_\_\_

School District: \_\_\_\_\_

BSEA #: \_\_\_\_\_

Hearing Officer: \_\_\_\_\_

This request is submitted by (check one):

Parent  School District  Both Parties

to reschedule the hearing date of: \_\_\_\_\_

I am requesting this for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(use other side if necessary)

Proposed alternate dates (agreed upon by both parties, if possible):

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Requesting Party



The above request is allowed/denied. If allowed, the case is rescheduled for the following date: \_\_\_\_\_

at \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hearing Officer

