

**Form B**

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**IN THE MATTER OF THE APPEAL OF**

\_\_\_\_\_  
*(Name of Parent[s])*

on behalf of \_\_\_\_\_,  
*(Name of Student with a Disability)*

Petitioners,

-against-

\_\_\_\_\_  
*(School District)*

Respondent.

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**NOTICE OF REQUEST  
FOR REVIEW**

**NOTICE:**

You are hereby required to appear in this review and may answer the allegations contained in this request for review. Your answer must conform with the provisions of the regulations of the Commissioner of Education relating to reviews of this nature, copies of which are available at [www.sro.nysed.gov](http://www.sro.nysed.gov) or from the Office of State Review of the New York State Education Department, 80 Wolf Road, Suite 203, Albany, NY 12205.

Please take notice that such regulations provide that an answer to the request for review may be served upon the petitioner, or if the petitioner is represented by counsel, upon such counsel, within 5 business days after the service of the request for review, and a copy of such answer must, within two days after such service, be filed with the Office of State Review of the New York State Education Department, 80 Wolf Road, Suite 203, Albany, NY 12205. Extensions of time to serve an answer may be granted upon a request that complies with the provisions of section 279.10(e) of the Regulations of the Commissioner.

The decision of the State Review Officer shall be based solely on the record before the State Review Officer and shall be final, unless an aggrieved party seeks judicial review.

Dated: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Parent or Other Person Initiating the Appeal)*