

OSAH FORM 1

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OSAH USE ONLY DOCKET NUMBER:	AGENCY TCSG	CASE TYPE GEN	DOCKET NUMBER	COUNTY	JUDGE
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STATE BOARD OF THE TECHNICAL COLLEGE SYSTEM OF GEORGIA

County of School:	Date Appeal Filed with State Board:	Board Case Number, If any:
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CONTACT PERSON AT STATE BOARD

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL

COLLEGE PARTY (Plaintiff)

NAME AND TITLE OF CONTACT IN OFFICE	DIRECT TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	EMAIL	
ATTORNEY NAME	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL

EMPLOYEE (Defendant)

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE		EMAIL
<input type="checkbox"/> ATTORNEY NAME (IF APPLICABLE)	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL

* Attach copy of School action that resulted in the appeal and a copy of the request for hearing, as well as any applicable rules or regulations authorizing a hearing. Mail OSAH FORM 1 and Accompanying Documents to:

Clerk, Office of State Administrative Hearings
225 Peachtree Street, NE, South Tower, Suite 400
Atlanta, GA 30303