

TUCSON UNIFIED SCHOOL DISTRICT

School Name
School Address
City, State, Zip
Phone Numbers

**Memorandum
Recommendation for Expulsion**

Date: Date
To: **The Superintendent**
From: Principal Name, Principal
Re: Student Name, Matric #, Grade

As a result of a long-term suspension hearing held on Date, the Hearing Officer determined the above named student violated the *Guidelines for Student Rights and Responsibilities* as follows:

Violation(s): Violation Names
Date of Incident: Date
Description of Student Conduct in Violation of the Guidelines: Description of Incident

The Hearing Officer extended the initial suspension which began on Date through End Date of Long-term Suspension for a total suspension of # of Days school days. I recommend that an expulsion hearing be held for this student.

Copies to: Parent/Legal Guardian