

REQUEST FOR HEARING ON CORRECTION OF STUDENT RECORDS

To: _____ Address: _____
Board Secretary (Custodian)

I believe certain official student records of my child, _____,
(Full Legal Name of Student), _____(School Name),
are inaccurate, misleading, or in violation of privacy or other rights of my child.

The official education records which I believe are inaccurate, misleading, or in violation
of the privacy or other rights of my child are:

The reason I believe such records are inaccurate, misleading or in violation of the
privacy or other rights of my child is:

My relationship to the child is: _____

I understand that I will be notified in writing of the time and place of the hearing; that I
will be notified in writing of the decision; and I have the right to appeal the decision by
so notifying the hearing officer in writing within ten days after my receipt of the decision
or a right to place a statement in my child's record stating I disagree with the decision
and why.

(Signature)

Date: _____

Address: _____

City: _____

State: _____ ZIP _____

Phone Number: _____

ADOPTED: 8/4/00

Reviewed: 10/7/04, 5/27/08, 6/1/09, 6/9/14, 5/2/19