

REQUEST FOR HEARING ON CORRECTION OF STUDENT RECORDS

TO: _____
Board Secretary (Custodian) Address

I believe certain official student records of my child, _____
(Full legal name of student)

_____ are inaccurate, misleading or in violation of
(School Name)

privacy 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: _____