

STUDENT PERSONNEL

REQUEST FOR HEARING ON CORRECTION OF STUDENT RECORDS
Code No. 506.1E4

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 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: _____