

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 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:

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

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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: \_\_\_\_\_

