

**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