REQUEST FOR HEARING ON CORRECTION OF EDUCATION RECORDS

To: _____ Address: _____
Board Secretary (Custodian)

I believe certain official education records of my child, _____, (full legal name of student), _____ (school name), are inaccurate, misleading or in violation of the 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: _____