



Policy Title: Request for Hearing on Correction of Education Records Code 505.6-E4

To: _____ Address: 2999 N 10th St, Marion, IA 52302
Board Secretary (Custodian)

I believe certain official education records of, _____ Full Legal Name of Student
_____, are inaccurate, misleading, or in violation of privacy or other
Name of School Building
rights of this student. My relationship to this student is: _____.

The official education records which I believe are inaccurate, misleading, or in violation of the privacy or other rights of this student are:

The reason I believe such records are inaccurate, misleading, or in violation of the privacy or other rights of this student 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 that I have the right to appeal the decision by so notifying the hearing officer in writing within 10 days after my receipt of the decision or a right to place a statement in my student's education record stating I disagree with the decision and why.

(Signature)
Date: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone Number: _____