



Students-Miscellaneous Matters

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: \_\_\_\_\_