

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

To: _____
Name of Student Attendance Center

Address: _____
Address of Student Attendance Center

As the _____ of _____
Relationship to Student Full Legal Name of Student

I believe the district's official education records are inaccurate, misleading, or in violation of privacy or other rights of this student.

The official education records which I believe are inaccurate, misleading, or in violation of the privacy or other rights of this student are: *(Please be specific)*

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 of the date, time, and place of the hearing; that I will be notified in writing of the district's decision; and that I have the right to appeal the decision by notifying the superintendent in writing within 10 days after my receipt of the decision. I further understand that if the request to amend the student's education record is denied, that I have the right to place an explanatory letter in the student's education record stating I disagree with the district's decision and why.

(Signature)

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____