

APPENDIX H

Independent School District No. 279
Osseo Area Schools

**REQUEST FOR CORRECTION TO BE MADE IN THE
EDUCATION RECORD**

I, _____, having reviewed the records
of _____, on _____,

request that the item(s) I believe to be inaccurate, misleading or violate the privacy or other rights of
the student, my reason for this belief, and the correction I request to be made are as follows:

(Note: Every effort should be made to resolve disputes regarding the content of the student's records through informed
meetings and discussion with the concerned parties.)

Request honored and agreement reached as follows: _____

OR

Agreement not reached. Opportunity for a formal hearing requested.

YES ___ NO ___

Date: _____

signature of person making request

signature of responsible authority

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