

*Douglas County School District*  
**Notification for Approval/Disapproval  
of Request for Amendment**

Date: \_\_\_\_\_

From: \_\_\_\_\_  
Name of Designated Official

To: \_\_\_\_\_  
Name of Parent(s)

Your request for amendment of the education record of your child \_\_\_\_\_  
Student Name  
was received and reviewed.

The request was approved and necessary changes are made to the specified record as requested.

The request was denied because \_\_\_\_\_  
However, you are entitled to a hearing concerning your request. If you decide to request a hearing, please notify the following office within five school days.

Director of Special Services  
Douglas County School District

Signature: \_\_\_\_\_