

Douglas County School District
**Notification for a Hearing
of Request for Amendment**

To: _____
Name of Parent (s)

From: _____
Name of Designated Official

Date: _____

We have received your request to schedule a hearing for the purpose of challenging the contents of the education records of your child _____ Student Name. A hearing is hereby scheduled as below.

The hearing is scheduled at:

Date: _____

Time: _____

Location/Office: _____

Address: _____

If you cannot be present on the above date, please contact my office as soon as possible to establish a mutually convenient date.

The hearing is rescheduled as:

Date: _____

Time: _____

Location/Office: _____

Address: _____

You shall have a full and fair opportunity to present evidence relevant to the issues you have raised regarding your child's education records. You also may be assisted or represented by individuals of your choice, including an attorney. The decision will be based exclusively on the evidence presented at the hearing.

Name: _____

Office: _____

Address: _____

Phone Number: _____