

*Douglas County School District*  
**Request to Amend an Education Record**

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

To: \_\_\_\_\_  
(Name of Designated Official)

I have reviewed my child's education record and believe it contains information that is inaccurate, misleading or in violation of my child's rights. Please amend the record as follows:

Current record:

To be changed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

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***For official use only***

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

Request approved:

Denied:

Reason(s) for denial: \_\_\_\_\_

Date hearing scheduled: \_\_\_\_\_ Location: \_\_\_\_\_

Date notification sent: \_\_\_\_\_

Signature of official approving/denying request: \_\_\_\_\_