Request for Hearing on Student Records

I have come to an impasse with _____, Principal of _____ School, concerning the records of _____. I hereby request a hearing on this matter, and it is my understanding that this will be scheduled within fifteen (15) days of this application.

Signature: _____

Printed Name: _____

Address: _____

Phone #: _____

Date: _____

The parent (or student) should retain a copy and send the original to:

Superintendent of West Fargo Public Schools
207 Main Avenue West, West Fargo ND 58078.