

FARGO PUBLIC SCHOOLS  
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 \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ DATE \_\_\_\_\_

**Please complete this form in triplicate. The parent (or student) should retain the original, send one copy to school principal, and one copy to the Assistant Superintendent for Instruction, District Office, 700 7<sup>th</sup> Street South, Fargo, ND 58103.**