

REQUEST FOR HEARING ON CORRECTION OF EDUCATION RECORDS

To: _____ Address: _____
(Board Secretary (Custodian))

I believe certain official education records of my child, _____
(full legal name of student), _____(school name), are inaccurate, misleading
or in violation of privacy rights of my child.

The official education records which I believe are inaccurate, misleading or in violation of the
privacy or other rights of my child are:

The reason I believe such records are inaccurate, misleading or in violation of the privacy or
other rights of my child is:

My relationship to the child is: _____

I understand that I will be notified in writing of the time and place of the hearing; that I will
be notified in writing of the decision; and I have the right to appeal the decision by so
notifying the hearing officer in writing within ten days after my receipt of the decision or a
right to place a statement in my child's record stating I disagree with the decision and why.

Signature

Date

Address

Phone

City, State, Zip