

# Board Policy

Code No. 506.1E4

## REQUEST FOR HEARING ON CORRECTION OF STUDENT RECORDS

To: \_\_\_\_\_ Address: \_\_\_\_\_  
(Records Custodian)

I believe certain official student records of my child,  
(Full Legal Name of Student), \_\_\_\_\_,

(School Name), \_\_\_\_\_ ,  
are inaccurate, misleading or in violation of privacy or other 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: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone Number: \_\_\_\_\_