

REQUEST FOR HEARING ON CORRECTION
OF STUDENT RECORDS

Code No. 505.1

To: _____ Address:
Board Secretary (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:

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.

(Signature)

Date:

Address:

City:

State: _____ Zip:

Phone Number: