Code No. 506.1E4

**REQUEST FOR HEARING ON CORRECTION OF STUDENT RECORDS**

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:

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 (10) 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: