

520.6 Request for Hearing on Correction of Student Records

REQUEST FOR HEARING ON CORRECTION OF STUDENT RECORDS

To: _____ Date: _____

Board Secretary, Custodian of Records

_____ Community School District

I, the undersigned, believe certain student records of a student, _____ (*full legal name of student*), a student at _____ Community School District to be inaccurate, misleading or in violation of the student's rights under state and federal law.

The student records which I believe are inaccurate, misleading or in violation of the student's rights under state and federal law are:

The reason(s) I believe these student records to be inaccurate, misleading or in violation of the student's rights under state and federal law are:

I have the following relationship to the student: _____

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)

(Address)

(Printed Name)

(City, State, Zip Code)

(Phone Number)