REQUEST FOR HEARING ON CORRECTION OF EDUCATION RECORDS

To: Board Secretary (Custodian)	Address:	
I believe certain official education records of my child, student), (school name), are inacc my child.	, (full legal name of curate, misleading or in violation of privacy rights of	
The official education records which I believe are inaccord or other rights of my child are:	arate, misleading or in violation of the privacy	
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:	