REQUEST FOR HEARING ON CORRECTION OF EDUCATION RECORDS

To: Address:		Address:
	Board Secretary (Custodian)	
stude	eve certain official education records of my cent), (school name), are hild.	hild,, (full legal name of e inaccurate, misleading or in violation of privacy rights of
	official education records which I believe are interrights of my child are:	inaccurate, misleading or in violation of the privacy
	reason I believe such records are inaccurate, my child is:	nisleading or in violation of the privacy or other rights
My ı	elationship to the child is:	
in w	iting of the decision; and I have the right to ap	e time and place of the hearing; that I will be notified ppeal the decision by so notifying the hearing officer ecision or a right to place a statement in my child's 7.
		(Signature)
		Date:
		Address:
		City:
		State: ZIP
		Phone Number: