

REQUEST FOR HEARING ON CORRECTION OF STUDENT RECORDS

To: \_\_\_\_\_  
Board Secretary, Custodian of Records  
North Scott Community School District

Date: \_\_\_\_\_

I, the undersigned, believe certain student records of a student, \_\_\_\_\_ (*full legal name of student*), a student at North Scott 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)

Approved: February 22, 1993  
Reviewed: April 24, 2017  
Revised: January 28, 2013  
Renumbered: January 28, 2013