

REQUEST FOR HEARING ON CORRECTION OF EDUCATION RECORDS

To: _____
Superintendent/Designee (Custodian) Address

I believe certain official education records of my child, _____ (Full Legal Name of Student), _____ (Student I.D. Number) hereinafter referred to as “the student,” on file with the Bondurant-Farrar Community School District are inaccurate, misleading or in violation of privacy or other rights of the student.

The official education records which I believe are inaccurate, misleading or in violation of the privacy or other rights of the student are:

The reason I believe such records are inaccurate, misleading or in violation of the privacy or other rights of the student is:

My relationship to the student 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

Telephone

Adopted: 06/14/1993

Reviewed: 06/09/1997; 04/09/2001; 03/29/2004; 03/12/2007; 05/09/2011; 5/22/2017

Revised: 04/28/2001; 04/12/2004; 04/09/2007; 06/13/2011; 5/22/2017