

REQUEST FOR HEARING ON CORRECTION OF STUDENT RECORDS

To: _____ Address: _____

Board Secretary (Custodian)

I believe certain official student records of my child, _____,

(full legal name of student), _____ (school name), are inaccurate, misleading or in violation of privacy rights of my child. The official education records which I believe are inaccurate, misleading or in violation of the privacy or other rights of my child are:

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: _____

Approved 2/24/16

Grinnell-Newburg School District, Grinnell, IA