

**REQUEST FOR HEARING ON CORRECTION OF EDUCATION RECORDS**

To: \_\_\_\_\_ Address: \_\_\_\_\_  
Board Secretary (Custodian)

I believe certain official education records of my child, \_\_\_\_\_  
(Full Legal Name of Student), Humboldt Community School District, 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: \_\_\_\_\_