

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: _____