

**SAYDEL COMMUNITY SCHOOL DISTRICT**

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

To: \_\_\_\_\_ Address: \_\_\_\_\_  
Board Secretary

I believe certain official student records of, \_\_\_\_\_,  
(Full Legal Name of Student), \_\_\_\_\_ (School  
Name), are inaccurate, misleading or in violation of privacy or other rights of my child.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The reason I believe such records are inaccurate, misleading or in violation of the privacy or other rights 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 days after my receipt of the decision.

\_\_\_\_\_  
(Signature)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_