

NOTICE OF ACTION REGARDING REQUESTED AMENDMENT
TO CONFIDENTIAL EDUCATION RECORDS

Date: _____

Dear _____:

We have investigated your complaint that certain information in the educational records of (Student's Name) _____, is misleading, inaccurate, incomplete and/or violates your child's privacy rights, and your request to amend this information.

It is our decision that your complaint is (un)justified and we will (not) make the requested amendment(s).

(IF DATA IS TO BE CHANGED)

We will make the following modifications as we agreed upon:

(IF DATA IS NOT TO BE CHANGED)

We will not make any changes since we believe that the information as presently recorded is correct/appropriate/complete for the following reason(s).

However, you have the right to request a records hearing during which the merits of your position and that of the school's will be examined. If this action does not resolve the disagreement, you have the right to place in the records a statement commenting on the information or setting forth any reasons for disagreeing with the decision of the District or other educational agency. This statement shall be maintained by the District or other educational agency as part of the child's record as long as the contested portion of the record is maintained. If the child's records or the contested portion, are disclosed to any party, the explanation shall also be disclosed.

If you elect to request the hearing, please return the attached request within _____ days. If you have any questions about any aspects of this matter please call me at _____ for further information or clarification.

Sincerely,

(Superintendent)

Copies:
Records Officer
Parent