Clear Form

REQUEST FOR A HEARING FOR CORRECTION OF STUDENT RECORD

Name_____
Parent or Guardian

Address_____

Student's Name_____ Grade_____ Age_____

School_____ Parent's Phone_____

As a parent of the above named child, I am of the opinion the educational records of my child are in error and should be corrected.

Having discussed a request for correction with the principal and having been denied a correction, I am requesting a hearing to discuss my concerns regarding possible clarification or correction of the records.

I understand that this signed form serves as a written request for such action.

_____ _____
Parent's Signature Date

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