

REQUEST FOR HEARING ON CORRECTION OF STUDENT RECORDS

To: Board Secretary (Custodian) **Address:** 1450 370th AVE, Goose Lake, IA 52750

I believe certain official student records of my child, _____ (Full Legal Name of Student), Northeast Community School District, 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 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: _____