

504.1RF HEARING REGARDING CORRECTION OF STUDENT RECORDS REQUEST FORM

To: _____
Board Secretary, Custodian of Records
Glenwood Community School District

Date: _____

I, the undersigned, believe certain student records of a student, _____ (*full legal name of student*), a student at the District to be inaccurate, misleading or in violation of the student's rights under state and federal law.

The student records which I believe are inaccurate, misleading or in violation of the student's rights under state and federal law are:

The reason(s) I believe these student records to be inaccurate, misleading or in violation of the student's rights under state and federal law are:

I have the following relationship to the student: _____

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)

(Address)

(Printed Name)

(City, State, Zip Code)

(Phone Number)

- *Adopted: 12/13/10
- *Reviewed: 04/08/13
- *Second Read: 10/9/17
- *Revised: 10/10/22