

PANORAMA COMMUNITY SCHOOL DISTRICT
REQUEST FOR HEARING ON CORRECTION OF STUDENT RECORDS

To: _____
Superintendent (Custodian)

Address

I believe certain official educational records of my child, _____, are inaccurate, misleading or in violation of
(Full Legal Name of Student)
of the privacy or other rights of my child.

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

The reason I believe such records are inaccurate, misleading or in violation of the privacy or other rights of the 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 that I have the right to appeal the decision by so notifying the hearing official in writing within 10 days after my receipt of the decision.

(Signature)

Date: _____

Address: _____

Telephone #: _____