

Request to Inspect, Amend, or Destroy Student Educational Records

Under the Federal Educational Rights and Privacy Act (FERPA), an eligible student, or parent/guardian if the student is under the age of eighteen (18), has the right to request that inaccurate or misleading information in the student’s education records be amended. While a school is not required to amend education records as requested, the school is required to consider the request. If the school decides not to amend a record as requested, the school shall must inform the student or parent/guardian of their right to a hearing on the matter. If, as a result of the hearing, the school still decides not to amend the record, the eligible student or parent/guardian has the right to insert a statement in the record setting forth their views. That statement shall must remain with the contested part of the eligible student's record for as long as the record is maintained.

This form may not be used to challenge a grade, an opinion, or a substantive decision made by a school about an eligible student. If the request is for a name change without legal documentation, remember that some permanent documents in the record will remain under the legal name until a legal name change is procured. Until then, the student’s preferred name will be shown on all teacher rosters, report cards and attendance reports. A student’s legal name ~~Legal names~~ will show on standardized test results ~~and~~, official transcripts, as required by law ~~and diploma~~. ~~A student’s legal name will show on the student’s diploma, except a parent/guardian or student age eighteen (18) or older who has used this form to request a name change may request the diploma use the student’s preferred name as shown in the District Student Data System.~~

To: [SCHOOL NAME] _____

PLEASE CHECK ONE:

- Request to inspect and review educational records
- Request hearing to challenge educational records
- Request amendment of educational records
- Request destruction of records

Specify the educational record(s) _____

I hereby make the above request concerning the education records of:

Student’s Name: _____

Date of Birth: _____

I have reviewed this student’s education record and believe it contains information that is inaccurate, misleading, or violates other rights of the student.

Describe below the specific information in the records for which amendment/hearing is requested and the reason for the request:

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I certify that I am the parent, legal guardian or am acting as a parent under FERPA* of the student named above, or that I am at least 18 years of age making the above request concerning my own school records.

Parent/Guardian's or Student's Signature:

_____ Date _____

Phone Number: _____

Address: _____

* Living in the student's home in the absence of the parent on a day-to-day basis.

FOR OFFICIAL USE ONLY

Date Received: _____ Request Approved Request Denied

Reason for denial: _____

You may review the records of the above named student at _____ between the hours of _____ and _____ on ____/____/____. Failure to appear at the time and place designated above will require requesting party to make arrangements to view record(s) at an alternate time and place. NOTE: Except when individuals designated by the Superintendent are reviewing student records, an authorized school employee shall provide appropriate supervision while records are being inspected.

Date and time of hearing scheduled: _____

Location: _____

Date of notification sent: _____

Signature of Official approving/denying request:

A substantially equivalent electronic form may be used by the District in lieu of this paper form.
Review/Revised:7/21/2020

