## Parent Request Form for Correction of Student Covered Information

Parent/Guardian Name: Phone Number:

Address: Email:

Student Name: School:

Name of Operator:

Correction Requested (*please be specific and identify what information you believe is inaccurate and why*):

Parent/Guardian Signature Date

*Completed by the Records Custodian or Privacy Officer*.

Request received on:

**[ ]** Request Approved. A factual inaccuracy was found, and the ROE will correct it.

**[ ]** Request Denied (*check applicable* *box*):

 **[ ]** A factual inaccuracy was not found. The parent/guardian was informed on: .

 **[ ]** A factual inaccuracy was not found; the parent/guardian was informed on that he or she may use the ROE’s procedures for amendment of student records because the covered information includes *school student records*.

Operator received request for correction on:

Operator confirmed correction on: (*within 90 calendar days of receipt of District notice*)

Correction confirmed with parent/guardian on: (*within 10 business days of operator confirmation*)

Record Custodian or Privacy Officer Signature Date