

Request for Student Record Correction

Student: _____ School: _____

Parent/Guardian: _____ Date of Request: _____

Correction(s) Requested:

Reason(s) for the Request:

My signature indicates I am the legal parent/guardian and understand this request will be reviewed by the Director of Schools.

Parent/Guardian Signature

Date

Submit completed form to the Director of Schools.

Requested Changes Granted

Requested Changes Denied

Director of Schools Signature

Date