



Dublin City School District

Operations
8330 F6c
Revised 7/23/09

Request for a Hearing for Correction of Student Record

Parent/Guardian's Name: _____

Address: _____

Student's Name: _____ Grade: _____ Age: _____

School: _____ Parent's Phone: _____

As a parent of the above named child, I am of the opinion the education records of my child are in error and should be corrected.

Having discussed a request for correction with the principal and having been denied a correction, I am requesting a hearing to discuss my concerns regarding possible clarification or correction of the records.

I understand that this signed form serves as a written request for such action.

Parent/Guardian's Signature

Date