



Dublin City School District

Operations
8330 F6a
Revised 7/23/09

Request for Amendment to Confidential Education Records

Student: _____

Address: _____

Date of Birth: _____ Phone: _____

School: _____ District: _____

Identify the education record(s) at issue: _____

After reviewing the above identified education record I feel that the information contained therein is:

- _____ Misleading
- _____ Inaccurate
- _____ Incomplete
- _____ Violates my child's privacy rights
- _____ Other

Please explain: _____

I would like the following information added _____ modified _____ removed _____:

Signature (Parent/Adult Student)

Date