

November 2021

7:345-AP, E6

Students

Exhibit – Parent Request Form for Correction of Student Covered Information

To be used when a parent/guardian is requesting corrections to factual inaccuracies in his/her child's covered information under the Student Online Personal Protection Act.

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 District 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 District'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 _____

APPROVED: