INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number **505.2.11.2P** Adopted **January 1978** Revised **January 2013**

Title **Request for Hearing**

REQUEST FOR HEARING

To: District 196 Superintendent
3455 153rd St. W.
Rosemount, MN 55068

Date:_____

From: _____
Parent or guardian

Phone:_____

Re: _____
Student's name

_____
School

I hereby request a hearing to challenge certain information in my child's educational records. The specific information challenged is as follows:

Description of information challenged (Identify specific record in question)	**Reason** (Accuracy, completeness, etc.)	**Requested amendment**
1.		
2.		
3.		
4.		
5.		

_____
Date

_____
Signature of parent, guardian or eligible student