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

Series Number **505.2.11P** Adopted **June 1980** Revised **January 2013**

Title **Request to Amend Educational Records**

## REQUEST TO AMEND EDUCATIONAL RECORDS

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

Date: _____

From: _____
Parent or guardian

Phone: _____

Re: _____
Student

_____
School

I hereby request that certain information in my child's educational records be amended. 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