

**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 \_\_\_\_\_

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*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 \_\_\_\_\_