SAMPLE REQUEST TO

CORRECT OR REMOVE INFORMATION CONTAINED IN RECORDS

Street Address
City, State, Zip

Date

Principal/Administrator
School District
Street Address
City, State, Zip

Dear (Name):

Upon review of my son/daughter, (Name) , (Birthdate) records, I find a need to request that (Name) School District remove or correct the information dealing with (give specific area) found in (give document, date and person responsible for document; i.e., psychological evaluation dated 6-7-97 by dr. Paul Doe). I am making this request pursuant to P.L. 105-17, Section 515 (b).

I will expect to hear from you, in writing, within five (5) working days regarding this matter.

Thank you.

Sincerely,

Signature

Typed name

Send certified mail or hand carry and get a receipt.

(Remember to keep a copy for your file and indicate to whom you are sending copies by "cc" at the bottom of the letter)