

### Students

#### **Exhibit – Parent Request Form for correction 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