

Woodridge Local School District

REQUEST FOR AMENDMENT TO CONFIDENTIAL EDUCATION RECORDS

Student _____

Address _____

Date of Birth _____ Phone _____

School _____ District _____

Identify the educational record(s) at issue: _____

After reviewing the above identified educational record, I feel that the information contained therein is:

- _____ Misleading
- _____ Inaccurate
- _____ Incomplete
- _____ Violates my child's privacy rights
- _____ Other

Please explain: _____

I would like the following information added: _____ modified _____ removed _____ : _____

Signature (Parent/Adult Student) _____ Date _____