

POCATELLO/CHUBBUCK SCHOOL DISTRICT NO. 25
3115 Pole Line Road
Pocatello, ID 83201
(208) 232-3563, Fax (208) 235-3280

Request to Amend Educational Records

I, _____ (parent/guardian/adult student) request to amend the educational records of _____ (student). I believe the information is inaccurate, misleading or violates the privacy of the student in the following manner: The following details my requested amendment and my reasons:

Parent/Guardian/Adult Student

Date

For Office Use Only:

_____ School has received a request from _____ to amend the educational records of _____.

The request has been reviewed by _____, Senior Custodian, and the request is:

___ Approved: The educational records will be amended on or before _____.
The amendment will be as follows: _____

___ Denied: The educational records shall not be amended as requested.
The reason for denial is as follows: _____

Senior Custodian

Date

Note: The actions taken by the Pocatello/Chubbuck School District are pursuant to Family Educational Rights and Privacy Act (FERPA) (20 U.S.C.S. 1232 (g))

Copies: Principal, Parent/Guardian/Adult Student, Cumulative File