PLYMOUTH COMMUNITY SCHOOL CORPORATION

REQUEST FOR A HEARING FOR CORRECTION OF STUDENT RECORD

Name	
	Parent or Guardian
Address	
Student's Name	
School	Parent's Phone
	As a parent of the above-named child, I am of the opinion the educational records of my child are in error and should be corrected. Having discussed a request for correction with the principal and having been denied a correction, I am requesting a hearing to discuss my concerns regarding possible clarification or correction of the records.
	I understand that this signed form serves as a written request for such action.
Parent's Signature	 Date