

**BOARD OF TRUSTEES
CARSON CITY SCHOOL DISTRICT**

**REGULATION No. 515.4 Form
STUDENTS**

STUDENT EDUCATION RECORDS - Request to Amend – Resolution/Action Form

Student Name: _____ Birth Date: _____

Parent/Legal Guardian: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

Describe the Record(s) Sought to be Changed: _____

Describe the Error: _____

_____ Initials: _____

Action taken by School Principal: _____

Date of Meeting with School Principal (if action taken by Principal was not satisfactory): _____

Result of Meeting with School Principal: _____

_____ Initials: _____

Date of Request for Formal Hearing (if Result of Meeting with Principal was not satisfactory):

Date of Formal Hearing: _____

Result of Formal Hearing: _____

_____ Initials: _____

Response from Applicant: _____

_____ Initials: _____

Principal's Signature: _____ Date: _____

(Upon Completion of Process)
