



Education Records Amendment Request Form

Parents and guardians of students who are minors and students who have reached the age of 18 or who are attending a postsecondary institution at any age may request an amendment to education records that may be inaccurate, misleading or in violation of a student's privacy rights. This form permits a parent, guardian or adult student to request the amendment or removal of specific education records held by the Office of the State Superintendent of Education.

Requests cannot be considered without a completed form and proof of identity. Please be sure to sign the form and provide identification when submitting a request. Completed and signed forms should be emailed to OSSE.Datasharing@dc.gov. OSSE will review the request and provide a written decision within a reasonable amount of time.

I. Provide the student's information below.

Student Name:	Student's Date of Birth:
Relevant School(s) and Grade(s) (if known):	Student Identifier (if known):

II. Describe the education record to be amended. Please attach additional pages of more space is needed.

III. Select the reason for the request.

The record is: incomplete incorrect misleading in violation of privacy rights

A. Provide a brief description of relevant details. Please attach additional pages of more space is needed.

IV. State below how the record should be amended (what to add or remove).

V. Is there supporting documentation? no yes *If yes, please attach the documentation.*

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DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

VI. List individuals with whom OSSE may communicate regarding request.

Name	Relationship to Student	Email Address

BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT YOU HAVE READ THIS FORM IN ITS ENTIRETY, THE INFORMATION PROVIDED IS ACCURATE, AND YOU WOULD LIKE TO INITIATE A REQUEST TO AMEND AN EDUCATIONAL RECORD.

Printed Name of Student	Signature of Authorized Adult or Eligible Student	Date