



The School Board of Broward County

Request for Educational Records Amendment

STUDENT LAST NAME		FIRST	M.I.	DATE OF BIRTH
PARENT/LEGAL GUARDIAN NAME (if applicable)			RELATIONSHIP TO STUDENT	
ADDRESS			EMAIL ADDRESS	
CITY	STATE	ZIP	PLACE OF BIRTH	
STUDENT ID NUMBER		SOCIAL SECURITY NO.		PHONE NUMBER

RECORD(S) TO BE AMENDED

Please identify in writing the portion of the education record believed to be inaccurate, misleading or a violation of the privacy rights of the student:

Request must include at least 2 of the following documents:

- Passport
 BC
 DL
 Baptism
 SS
 Marriage Certificate
 Citizenship
 Court Order
 Other _____

Understanding your right to request an amendment of your education information:

I understand The School Board of Broward County, Florida will review my request and that amendment(s) will be made in accordance to Federal Law, State Statutes and School Board Policy. However, if my request is denied (in whole or in part), I will receive an explanation of the denial.

Signature of Student/Parent/ Guardian: _____ Date: _____

Printed Name: _____ Date: _____

FOR OFFICE USE ONLY

DATE RECEIVED	AMENDMENT HAS BEEN	
	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Signature	Title	Date