

Request for Amendment of Education Records

To be completed by the parent/guardian or student, if 18 years of age or older.

Student Last Name First Name Middle Name / Date of Birth

Dates/Grades when student attended Lake George Charter School: _____

Current Address: _____

Telephone/Cell: _____

List your specific objection(s) to the material in the student's educational records:

Are you requesting that this material be:
(check one)

_____ Added to

_____ Clarified

_____ Deleted

Signature of Complainant

Relationship to Student

Date