



**Student Records Center**  
 1829 Denver West Drive, Bldg #27  
 PO Box 4001  
 Golden, CO 80401  
 Phone: 303.982.6715  
 Open Monday – Friday, 8:00 am – 3:30 pm

### Request to Amend Records

#### Student Information

Daytime phone number: (     ) \_\_\_\_\_ Date of birth (MM/DD/YYYY):     /     /  
 Student's legal name/s while attending Jeffco Schools:  
 Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Student's current legal name (please include legal name change documents):  
 Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Last Jeffco school attended: \_\_\_\_\_ Last year of attendance: \_\_\_\_\_

#### Requester Information

Requester's last name: \_\_\_\_\_ Requester's first name: \_\_\_\_\_  
 Requester's current mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

#### Request to Amend Education Records (see policy JRA/JRC)

An eligible student or parent/guardian who believes that information contained in an Education Record is inaccurate or misleading, or violates the privacy or other rights of the student, may request that the district amend the record. Specifically, I request this record be amended in the following ways (use the back of this sheet as additional space):

Record to be amended: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Requested change: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student signature (18 yrs. or older): \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian signature (for students under 18 yrs.): \_\_\_\_\_ Date: \_\_\_\_\_

**This form is not to be sent electronically. Please, print the request form, sign, date, and submit your request to the Student Records Center to be processed. Mailing information is at the top of this form.**

#### Process to Amend Education Records

Within a reasonable time (but not more than 15 school days) of receiving a request to amend an Education Record, the Custodian of Records will decide whether to amend the Education Record as requested and will notify the requester of such decision in writing. If the Custodian decides not to amend the Education Record as requested, the Custodian will notify the requester of his or her right to request a formal hearing.

Disposition of Request:    Approved                      Disapproved                      (attach response letter)  
 Custodian of Records (or Designee) Signature: \_\_\_\_\_ Date: \_\_\_\_\_