Bristol Township School District

6401 Mill Creek Road Levittown, Pennsylvania 19057-4014

Administrative Offices 215-943-3200

REQUEST TO AMEND EDUCATION RECORDS FORM

Student Name:	Date of Birth:
Grade: School:	
Parent/Guardian's Name:	
student believes the education record	and Privacy Act of 1974 (FERPA), as amended, if a ds relating to the student contain information that is n violation of the student's privacy rights, he/she may ord amended.
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Township School District. Under the	provisions of FERPA, I request that these records be f additional space is needed, please attach another sheet).
I request that the following document	(s) be removed from the education records:
I am requesting the above amendment	t(s) for the following reasons:
	l Township School District's records policy that states the eent of the education records and for requesting a haring if
Parent/Guardian's Signature:	Date:
Student's Signature:	Date: