

Monrovia Unified School District
325 East Huntington Drive
Monrovia, CA 91016
(626) 471-2000

AR 5125 (d)

REQUEST TO CORRECT OR REMOVE INFORMATION IN PUPIL RECORD

Date: _____

I have reviewed the file of _____ and wish to have the
(Pupil's name)

Following information removed or corrected: _____

Reason for request: _____

(Should be based on inaccuracy, unsubstantiated statement, statements outside observed area of competence, statements not based on personal observations of the person recording the data, misleading statement, or an invasion of privacy of the pupil or parent)

(Parent/Eligible pupil)

Within the next 5 days you will be contacted regarding an appointment with _____

to review the material. Within 5 days of that meeting, a decision will be made regarding your request.

Date reviewed _____

_____ Request is approved and material will be removed and sealed prior to
classification as disposable document.

_____ Request is denied. (Parent may either appeal to the Governing Board or
attach a statement of rejoinder.)

(School official)

(Date)

If Hearing Panel was used, attach their names and recommendations.

If decision is appealed to the Board of Education, attach a copy of that information and disputed data.