



TYLER INDEPENDENT SCHOOL DISTRICT

REQUEST FOR AMENDMENT OF EDUCATION RECORD

TO: _____

FROM: _____

Records Custodian

Name of parent or eligible student

School

Address of parent or eligible student

Tyler, Texas

Phone number of parent or eligible student

I have reviewed the education records of _____ and I believe that the record should be amended. My relationship to the student is _____

The education record currently states _____

The education record should state _____

I believe that the education record should be amended because _____

(Signature)

(Date)

For Office Use Only	
Date received:	
Date Approved/Denied:	
Date notification sent:	
Completed by:	