

FARGO PUBLIC SCHOOLS  
**REQUEST FOR HEARING**  
ON STUDENT RECORDS

I have come to an impasse with \_\_\_\_\_,

Principal of \_\_\_\_\_ School, concerning

the records of \_\_\_\_\_.

**I hereby request a hearing on this matter, and it is my understanding that this will be scheduled within fifteen (15) days of this application.**

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

**Please complete this form in triplicate. The parent (or student) should retain the original, send one copy to the school principal, and send one copy to the Assistant Superintendent for Instruction, District Office, 415 North 4<sup>th</sup> Street, Fargo, ND 58102.**