

# Covered Information Request Form

**CORRECTION OR DELETION**



**Instructions:** To request covered information corrections or deletions maintained by a SOPPA operator for your child, please complete this form and provide proof of identity and relationship to the student to the school.

PARENT/GUARDIAN INFORMATION			
Date of Request		Request <input type="checkbox"/> CORRECTION <input type="checkbox"/> DELETION	
Last Name		First Name	
Address			
Phone Number		Email Address	
STUDENT INFORMATION			
Student Last Name		Student First Name	
Student I.D. Number		Date of Birth	
SOPPA OPERATOR(S):			
RATIONALE FOR REQUEST			
I have attached documents or explained below the reasons for requesting that the covered information be corrected or deleted from the SOPPA operator:			
Parent/Guardian Signature			

**PLEASE DO NOT WRITE BELOW THIS SECTION**

SCHOOL VERIFICATION OF PARENT IDENTITY AND RELATIONSHIP			
School	<input type="checkbox"/> VERIFICATION <input type="checkbox"/> DENY (EXPLAIN REASON(S) BELOW)		
Reason for Denial			
Signature		Date of Verification	
Date of Submission to SOPPA District Representative		Service Now Request Number	
SOPPA DISTRICT REPRESENTATIVE			
SOPPA Date of Receipt of School Submission			
SOPPA Date of Review of Parent Request			
SOPPA District Decision on Request			
Date of Contact with Operator			
Date of Receipt of Correction or Deletion Covered information from Operator:			
Date Covered Information of Correction or Deletion Provided to Parent			