

# Request to Correct Covered Information



“Covered Information” is personally identifiable information (PII) or information linked to PII in any media or format that is not publicly available and is (1) created by or provided to an online operator by the student or the student’s parent/guardian in the course of using the operator’s site, service or application; (2) created by or provided to the online operator by the District; or (3) gathered by an online operator through the operation of its site, service or application.

Pursuant to the Student Online Personal Protection Act, a Parent/Guardian may request corrections of factual inaccuracies in his or her student’s Covered Information. The District will determine whether a factual inaccuracy exists. If there is a factual inaccuracy in Covered Information maintained or possessed by the District, the correction will be made and the correction will be confirmed with the Parent/Guardian within 90 calendar days of receiving the request for correction. If an online operator or the Illinois State Board of Education maintains or possesses the Covered Information that contains the factual inaccuracy, the District will notify the operator or the State Board who will make the correction within 90 calendar days. Within 10 business days of receiving confirmation of the correction, the District will confirm the correction with the Parent/Guardian.

## Parent/Guardian Request to Correct Factual Inaccuracy in Covered Information

Please fill out all applicable areas to request correction of factually inaccurate Covered Information.

Parents First Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Students Name: \_\_\_\_\_

Students District ID Number: \_\_\_\_\_

Home School: \_\_\_\_\_

What Correction to Covered Information are you requesting?

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# Request to Correct Covered Information



**EAST AURORA**  
SCHOOL DISTRICT 131

Please explain what is factually inaccurate:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE VERIFICATION

Is the Covered Information Requested to be corrected factually inaccurate?

Request approved \_\_\_\_\_ Request Denied \_\_\_\_\_

Signature of District SOPPA Representative

\_\_\_\_\_ Date: \_\_\_\_\_

# Request to Correct Covered Information



## Guardian Request for Student Data Correction or Review Form

Please fill out all applicable areas to request your child's data to be corrected or review per the Illinois Data Privacy Agreement.

Review: \_\_\_\_\_ Correction: \_\_\_\_\_

Parents First Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Students Name: \_\_\_\_\_

Students District ID Number: \_\_\_\_\_

Home School: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_