

Evangeline Parish School System Student Privacy Complaint Form

Please complete and submit to the Office of Assistant Superintendent at 1123 Te Mamou Road, Ville Platte, LA 70586. This information is considered sensitive and will be shared only with those considered essential to the investigation and disposition of this complaint.

Section 1: Student Information

First Name	Last Name	Date of Birth

Your relationship to the student whose education records are the subject of this complaint.

- Parent or Legal Guardian
- Self
- Other (ex. attorney representing the parent or eligible student) _____

Section 2: Complainant Information

First Name	Last Name	Phone Number

Street Address	City	State	Zip

Email Address (optional)

Section 3: School Information

Name of school where violation occurred	School Principal

Complaint:

If personally identifiable information from the student's educational records were improperly disclosed, indicate specifically:

What information was disclosed and when?	
Is this information recorded in the student's education records?	
Name, title and job function of the school official that made the disclosure	
The individual to whom the disclosure was made and relationship?	
Circumstance under which the disclosure was made	
How and when you became aware of the disclosure?	
Provide a description of any communication between you and the disclosing entity regarding this matter.	

Section 4 :

Under penalty of law, I certify that the information I have provided is true to the best of my knowledge and belief.

Signature: _____ Date: _____