

# School Data Error Correction Request

## OPI School Finance

### School Year 20\_\_ - 20\_\_

*The Office of Public Instruction (OPI) does not have the authority to make changes to certified school data unless the district, an audit or desk review identifies a district's error in its formal report. Statute requires specific deadlines for each data collection. Changes beyond the deadline can only be made with appropriate documentation and with State Superintendent approval.*

*This form is designed to help the school districts provide the appropriate documentation and signatures when an error is found by audit or desk review per ARM 10.10.504, 10.20.102, and 10.21.201.*

*\*Please attach all supporting documentation to this form including a copy of the finding as well as a letter from the trustees requesting the change. This information will help support the approval when appropriate.*

#### SECTION I: TO BE COMPLETED BY THE SCHOOL DISTRICT

District and school Information:

LE Name	LE Number
School Name and Code	
School Name and Code	
School Name and Code	

#### SECTION II: TO BE COMPLETED BY THE SCHOOL DISTRICT

Select from the Drop Down list the reason for the change (if other reason enter in the box below):

Error Found By	Other
Type of Change	Other

#### SECTION III: TO BE COMPLETED BY THE SCHOOL DISTRICT

Explanation of Requested Change:

#### SECTION IV: TO BE COMPLETED BY THE SCHOOL DISTRICT

Explanation of Reason for the District's Error and Steps Taken by the District to Prevent Future Errors:

If additional space is needed for Section III and IV, attach a separate sheet.

SECTION IV: AGREEMENTS AND SIGNATURES

<p><b>A. DISTRICT BOARD OF TRUSTEES</b></p> <p>_____ APPROVES this Data Change Request</p> <p>_____ DISAPPROVES this Data Change Request</p> <p><i>The Board of Trustees are ultimately responsible for district data. The Board Chair should communicate information as appropriate with the Board of Trustees.</i></p> <p>Board Chair _____</p> <p>Signature _____ Date: _____</p>
<p><b>B. DISTRICT SUPERINTENDENT or Authorized Representative</b></p> <p>The District Superintendent:</p> <p>_____ APPROVES this Data Change Request</p> <p>_____ DISAPPROVES this Data Change Request</p> <p>District Superintendent _____</p> <p>Signature _____ Date _____</p>
<p><b>B. DISTRICT CLERK</b></p> <p>The District Clerk:</p> <p>_____ APPROVES this Data Change Request</p> <p>_____ DISAPPROVES this Data Change Request</p> <p>District Clerk _____</p> <p>Signature _____ Date _____</p>

**Office of Public Instruction Use:**

Authorized Official _____ Approve ___ Deny ___ Date _____
Title _____

Please send completed document to [OPISchoolFinance@mt.gov](mailto:OPISchoolFinance@mt.gov).

For any questions please call 406-444-3096 or email [OPISchoolFinance@mt.gov](mailto:OPISchoolFinance@mt.gov), we will then get you in contact with the correct person.