



## Request to Amend Educational Records

Student ID \_\_\_\_\_ Name (print) \_\_\_\_\_

*I have reviewed my educational records maintained in the Office of Student Records/Registrar. Under the provisions of the Family Educational Rights and Privacy Act, I request that these records be amended in the manner listed below. (Attach additional pages and documentation supporting the request as needed.)*

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*I understand that I will be notified in writing of the University's decision to amend or not amend. If the University's decision is not to amend, I will be notified of a hearing process that may be initiated regarding the request for amendment. I understand that additional information regarding the hearing process and procedures will be provided to me when notified of the right to a hearing.*

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

**For Office of Student Records Use Only**

This Request to Amend Educational Records is:

Approved

Not Approved (attach explanation)

Signature (Registrar or designee) \_\_\_\_\_

Date \_\_\_\_\_