



REQUEST TO AMEND EDUCATION RECORD

Student Name

Student ID Number

Medical Student

Health Professions

Program/Year: _____

Address

Telephone

Under the provisions of the 1974 Family Educational Rights and Privacy Act, I hereby request the following education record be amended in the manner listed below.

A. Education record to be amended:

B. I request a change in content from

to

C. The following misleading data is present

D. I believe it is in violation of my rights of privacy under the 1974 Family Educational Rights and Privacy Act as outlined below:

E. I have read the information on the *Procedures for Requesting an Amendment of the Education Record and for Requesting a Hearing if Request Denied.*

Date

Student Signature

REQUEST: APPROVED

DENIED

Date

Signature of Registrar, Dean or
Designated Individual