



EASTERN VIRGINIA MEDICAL SCHOOL

Office of the Registrar

Request to Amend Education Record

Mail or bring form to: Eastern Virginia Medical School
Office of the Registrar, Lewis Hall, Room 1169
P.O. Box 1980
Norfolk, VA 23501

Student Name

Student ID Number

Medical Student

Health Professions Student

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



EASTERN VIRGINIA MEDICAL SCHOOL

Office of the Registrar

Request to Amend Education Record

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