

## FERPA Request for Formal Hearing

## To Amend or Remove Education Records Office of the Registrar

## **Student Information**

Student ID#:	Student Name:
Phone #: Street A	Address:
City, State, Zip:	
I request a formal hearing concerning correction or contained in my education record. The following ed	removal of what I believe to be inaccurate or misleading informatio ducation record(s) is/are being contested:
I am contesting the information because (please use	e an extra page if additional space is needed):
Please notify me of the date, time, and place of the h	hearing.
Student Signature	Date
F	irst Endorsement
The decision of the Hearing Panel is as follows (plea	ase use back of form if additional space is needed):
(Chairnerson of Hearing Danel) Name	Data
(Chairperson of Hearing Panel) Name	Date
Chairperson's Signature	

**Note:** If the student disagrees with the Hearing Panel's decision, he/she has the right to place in his/her record a written statement commenting on the information in the record and/or stating his/her reasons for disagreeing with the decision. This explanation will become part of the student's education record as long as this record is maintained and whenever a copy of this record is sent to any party, the explanation will accompany it.

The chairperson of the Hearing Panel must send copies of the Panel's decision to the student requesting the hearing.