



STUDENT REQUEST FOR A HEARING

To: Registrar Date _____

From: Student's Name _____ Student ID Number _____

I request a formal hearing concerning correction of what I believe to be inaccurate or misleading information contained in my education records.

The following education record(s) is/are being contested: _____

I am contesting the information because: _____

(Use back of sheet if additional space is needed)

Please notify me of the date, time, and place of the hearing. My address and telephone number follows:

Local/campus address _____

Phone number _____

Student's signature _____

From: _____ Hearing Officer Date: _____

To: Student's Name _____

The decision of the Hearing Officer is as follows: _____

NOTE to Student: If the student disagrees with the Hearing Officer'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.

NOTE to Hearing Officer: The Hearing Officer shall send a copy of this decision to the student and a copy to the Registrar.