

OFFICE OF RECORDS AND REGISTRATION  
ST. CLOUD STATE UNIVERSITY, AS 118  
720 4<sup>th</sup> AVENUE SOUTH  
ST. CLOUD, MINNESOTA 56301-4498  
PHONE: (320)308-2111 FAX: (320)308-2059  
Email: registrar@stcloudstate.edu

## REQUEST TO AMEND OR REMOVE EDUCATION RECORDS

Name: \_\_\_\_\_ SCSU ID: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

E-Mail Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

I have reviewed my education records held within \_\_\_\_\_ (list office) at St. Cloud State University. I am not satisfied with the accuracy and/or completeness of these records. Specifically, I request that these records be amended in the following way(s). (Attach another page if additional space is needed).

I request that the following document(s) be removed from my file:

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

<b>Record Custodian Reviewing Request to Amend Education Record</b>	
Name: _____	Disposition of Request: Approve Deny
Title: _____	Date: _____
Reason for Decision (Attach another page if additional space is needed):   	
Record Custodian Signature _____	Date: _____

An appeal of the Record Custodian's decision may be made by completing a "Request for Formal Hearing" form. Contact the Office of Records and Registration, AS118, (320)308-2111 or [registrar@stcloudstate.edu](mailto:registrar@stcloudstate.edu) for further information.