

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

REQUEST FOR FORMAL HEARING TO AMEND OR REMOVE EDUCATION RECORDS

Name: _____ SCSU ID: _____

Address: _____
Street City State Zip Code

E-Mail Address: _____ Telephone: (_____) _____

I request a formal hearing concerning correction or removal 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 (attach another page if additional space is needed):

Student will be notified by US mail of the date, time and place of the hearing. Notification of the decision will be sent to the address listed above within 10 business days after the hearing.

Student's Signature _____ Date: _____

Record Custodian _____
Name (please print) Signature Date

Data Compliance Officer _____
Name (please print) Signature Date

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 a 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.

OFFICE USE ONLY	Date Notification Sent to Student:
------------------------	---