

REQUEST TO AMEND OR REMOVE EDUCATION RECORDS

TO: Registrar's Office
Southern Arkansas University Tech
P. O. Box 3499
East Camden, Arkansas 71711

FROM:

Date: _____

Name of Student _____ Student SSN _____

I have reviewed my education records held within the following offices at Southern
Arkansas University Tech _____

I believe that my educational records are inaccurate or misleading, or violate my right to
privacy, and request that these records be amended in the following way(s) (use back of
sheet if additional space is needed): _____

Record Custodian Reviewing Request to Amend Educational Record

Name _____ Title _____

Disposition of Request _____ Approved
_____ Disapproved

Reason for Approval/Disapproval

Custodian's Signature _____ Date _____

Appeals of the Record Custodian's decision may be made by completing a "Student Request
for Formal Hearing" form. This form is available in the Registrar's Office.

Note to Custodian: a copy of this completed form should be provided to the student and
maintained with the education record in the Registrar's office.