



OFFICE OF ACADEMIC RECORDS
FERPA Request to Amend or Remove Education Records

Name: _____ Student Number: _____

Address: _____ Phone: (____) _____

City: _____ Email Address: _____

State and Zip Code: _____

____ I have read and reviewed my education records held within the _____ office at Houston Christian 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): _____

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

To be completed by University personnel:

Name and Title of record custodian reviewing request to amend or remove education record: _____

Disposition of Request: ____ Approved ____ Disapproved

Reason for approval/disapproval: _____

Custodian's Signature _____ Date _____

Note: Appeals of the record custodian's decision may be initiated by completing a "Student Request for Formal Hearing" form.