NYIT College of Osteopathic Medicine

Office of the Registrar

STUDENT REQUEST TO AMEND EDUCATION RECORDS

_____ _____

ID# Name

_____ _____

Local Address Local Telephone

Under the provisions of the 1974 Family Educational Rights and Privacy Act, I hereby request the following education record be amended in the manner listed below.

A. Education record to be amended_____

_____

B. I request a change in content from_____

_____

to

_____

_____

C. The following misleading data is present_____

_____

D. I believe it is in violation of my rights of privacy under the 1974 Family Educational Rights and Privacy Act as outlined below:_____

_____

_____

I have read the information on the *Procedures for Requesting an Amendment of the Education Record and for Requesting a Hearing if Request Denied.*

_____ _____

Date Student Signature

REQUEST: _____ APPROVED _____ DENIED

_____ _____

Date Signature of Registrar or Designated Individual

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