

# Educational Record Amendment and Appeal Form

Student's Name: \_\_\_\_\_ FAU Student ID: \_\_\_\_\_  
Last Name, First Middle

College: \_\_\_\_\_ Department: \_\_\_\_\_

Degree Major: \_\_\_\_\_

Reason for amendment and/or appeal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Important Information for Students and University Personnel:

- The student has the right to request the amendment of the student's education records that the student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.
- A student who wishes to ask the University to amend or appeal a record must complete this form, clearly identify the part of the record the student wants changed, specify why it should be changed, and provide all requested documentation for the change.
- The student must submit the complete Educational Record Amendment and Appeal Form and any other documentation to the University Registrar to initiate the process of review. The University Registrar is the University's Custodian of Educational Records.
- The University Registrar will conduct a review of the request for amendment. The University Registrar will contact relevant University personnel for collection of data affecting the requested record amendment.
- If the University decides not to amend the record as requested, the University will notify the student in writing of the decision and the student's right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

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

*This form must be signed and submitted to the University Registrar initiation of a review.*

Submitted to University Registrar:

Registrar Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Disposition of Request for Amendment or Appeal of Educational Record:

\_\_\_\_ Appeal Upheld and Record Amended \_\_\_\_\_ Appeal Denied

Notification of Disposition Provided to Student: Date: \_\_\_\_\_

University Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Documentation of Disposition and Notification of Disposition are to be attached to this form*