ATHENS STATE UNIVERSITY

Originally Issued: June 2013
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Form Owner: Student Records/Registrar

Request to Amend Educational Records

Student Name _____ **Student ID** _____

(Please Note: This request form is not intended for use in amendments or appeals of Athens State course grades, or for curriculum adjustments/course substitutions in degree programs.)

I have reviewed my educational records maintained in the Office of the Registrar - Student Records. Under the provisions of the Family Educational Rights and Privacy Act, I request that these records be amended in the manner listed below. (Attach additional pages and documentation supporting the request as needed.)

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I understand that I will be notified in writing of the University's decision to amend or not amend. If the University's decision is not to amend, I will be notified of a hearing process that may be initiated regarding the request for amendment. I understand that additional information regarding the hearing process and procedures will be provided to me when notified of the right to a hearing.

Signature (required) _____ **Date** _____

For Office of the Registrar - Student Records Use Only

This Request to Amend Educational Records is:

☐ **Approved** ☐ **Not Approved (attach explanation)**

Signature (Registrar or designee) _____ **Date** _____

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