EASTERN CONNECTICUT STATE UNIVERSITY
REGISTRAR'S OFFICE • ALVIN B. WOOD SUPPORT SERVICES CENTER
83 Windham Street • Willimantic, CT 06226 • Office: (860) 465-5224 Fax: (860) 465-4382

Request to Amend or Remove Education Records

(Submit to Registrar's Office once completed)

_____ _____
Last Name **First Name** **M** **Eastern ID #**

_____ _____
Address **Daytime Telephone Number**

_____
City, State, Zip Code

I have reviewed my education records held within Eastern Connecticut State 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). (Attach additional pages if more space is needed.)

_____
_____

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

_____

_____ _____
Student Signature (Print and Sign) **Date**

Record Custodian Reviewing Request to Amend Education Record

_____ _____
Name of Custodian (Last, First, Middle Initial) **Student Identification #**

_____ _____
Title **Date**

Reason for Approval/Disapproval (attach additional pages if more space is needed.)

_____
_____

_____ _____
Custodian Signature **Date**

Appeals of the Record Custodian's decision may be made by completing a "Request for Formal Hearing to Amend or Remove Education Records" form. This is available from the Registrar's Office.