

## **Request for Formal Hearing to Amend or Remove Education Records**

(Submit to the appropriate Vice-President as outlined in the policy)

Last Name	First Name	M	Eastern ID #
Address			Daytime Telephone Number
City, State, Zip Code			
			at I believe to be inaccurate or misleading cation record(s) is/are being contested:
am contesting the	information because (attach a	dditional pages i	f more space is needed):
Please notify me of	the date, time, and place of th	e hearing:	
Student Signature (Pr	int and Sign)		Date
First Endorsement			
The decision of the	Hearing Panel is as follows (att	ach additional p	ages if more space is needed):
	(Last, First, Middle Initial)		Date

**Note:** If the student disagrees with the Hearing Panel's decision, he/she has the right to place in his/her record a written statement commenting on the information in the record and/or stating his/her reasons for disagreeing with the decision. This explanation will become part of the student's education record as long as this record is maintained and whenever a copy of this record is sent to any party, the explanation will accompany it.

Student: Please return this form to the appropriate vice-president as outlined in the policy.