

PRINT NAME			
BERG I.D. NUMBER			
EXPECTED GRADUATION		TERM AND YEAR	

## Request to Amend Education Records

To: Record Custodian

Date submitted: \_\_\_\_\_

I have reviewed my education records held within the following office(s) at Muhlenberg College.

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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). (Use next page if additional space is needed.):

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

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Address \_\_\_\_\_ Telephone \_\_\_\_\_

Student Signature \_\_\_\_\_ Email \_\_\_\_\_

Record Custodian Reviewing Request to Amend Education Record

Name \_\_\_\_\_ Title \_\_\_\_\_

Decision by the Record Custodian \_\_\_\_\_ Date \_\_\_\_\_

Reason for Approval/Disapproval (use next page if additional space is needed):

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Appeals of the Record Custodian's decision may be made by completing a "Student Request for Formal Hearing" form, available from the Office of the Registrar.

The Records Custodian must send a copy of this form to the student making the request and to the Registrar.