TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

STUDENT REQUEST TO AMEND EDUCATION RECORDS

Please Print or Type	
Student Name:	Student ID Number:
Address: City/State/Zip Code:	School: Classification:
Telephone Number: Cell Phone (if available):	Email:

TO:_____*(Insert Name of Records Custodian)*

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (FERPA), I hereby request the following education records maintained by the Texas Tech University Health Sciences Center (TTUHSC) be amended in the manner listed below.

A. Education Records To Be Amended:_____
_____
Location of Records:_____
Records Were Created or Authorized By:_____
Date Records Were Created or Authorized:_____

B. I am requesting that the following action be taken (for example, entire record be destroyed, specific portion in question be removed from my folder, substitution for questioned portion, etc.):
_____
_____

C. *(If requesting substitution)* I request a change in content from:_____
_____

to
_____
_____

D. The reason for my request is:_____
_____
_____

E. I have read the information provided in TTUHSC OP 77.13, *Student Education Records*.

_____ _____
Student Signature Signature Date

Official Use Only:

□ Amendment approved by:_____ Date:_____
□ Amendment denied by:_____ Date:_____
Reason for Approval/Denial:_____
_____