



**Office of the Registrar**  
 Bear Central. Campus Common 2120  
 Campus Box 50  
 Greeley, CO 80639  
 970-351-4UNC  
 970-351-1870 fax

## Request to Amend or Remove Education Records

In accordance with the Family Educational Rights and Privacy Act of 1974, students are afforded certain rights with respect to their educational records. One of those rights includes the right to request amendment of the contents of the student's education records if believed to be inaccurate, misleading, or otherwise in violation of the student's privacy or other rights. The following form is employed by the University of Northern Colorado as a grievance mechanism when students request to amend or remove education records.

Last Name \_\_\_\_\_ Initial \_\_\_\_\_ First Name \_\_\_\_\_

Student Bear Number or last 4 digits of social security number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number \_\_\_\_\_ Email address \_\_\_\_\_

I have reviewed my education records held within the Office of the Registrar at the University of Northern Colorado. 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):

\_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Record custodian reviewing request to amend education record:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Disposition of request: \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_

Record Custodian's Signature \_\_\_\_\_ Date \_\_\_\_\_

(The Records Custodian must send a copy of this form to the student making the request)

