



Request to Amend or Remove Education Records

Students have the right to request the amendment of or removal from their education record that information the student believes is inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA. *This process cannot be used to challenge grades.*

Full Name (first, middle, last)

Student ID Number (917#)

Address

Telephone

City, State, and Zip

Email Address
(UWG email preferred)

I have reviewed my education records held by or within the Office of _____ at the University of West Georgia. 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 the back of the page if additional space is needed and/or attach any supporting documentation.)*

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

Student's Signature

Date

Records Custodian Reviewing Request to Amend Education Records

Name of University Official (print)

Title

Disposition of request (circle one): Approved

Denied

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

University Official Signature

Date

The University Official or Office must send a copy of this form to the student making the request and the original to the Momentum Center, EMAIL studentsolutions@westga.edu

RETURN FORM AND A COPY OF A PHOTO ID TO: The University Official or Office that maintains the record you wish to amend and/or remove.

Appeals of the Record Custodian's decision may be made by completing a Request for Formal Hearing form.