Request to Amend or Remove Education Records

Name of Student ____________________________________ Date ___________________________

Student ID Number ________________________________

I have reviewed my education records held within the following office at Wilmington University

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

I believe that my educational records are inaccurate or misleading, or violate my right to privacy, and request that these records be amended in the following way(s) (use back of sheet if additional space is needed):

____________________________________________________________________________________________________
____________________________________________________________________________________________________

Record Custodian Reviewing Request to Amend Educational Record

Name ________________________________ Title ________________________________

Disposition of Request  ☐ Approved  ☐ Disapproved

Reason for Approval/Disapproval

____________________________________________________________________________________________________
____________________________________________________________________________________________________

Custodian’s Signature ____________________________ Date ____________________________

Appeals of the Record Custodian’s decision may be made by completing a “Student Request for a Hearing” form. This form is available in the Registrar’s Office.

Note to Custodian: a copy of this completed form should be provided to the student and maintained with the education record in the Registrar’s Office.