

Office of University Registrar
Fayetteville State University
300 Lilly Building/1200 Murchison Road/Fayetteville, North Carolina 28301
(910) 672 - 1185

Request to Amend or Remove Education Records

LAST NAME (STUDENT)	FIRST NAME	STUDENT IDENTIFICATION NUMBER
ADDRESS		TELEPHONE (LOCAL/ON-CAMPUS)
CITY, STATE, ZIP		

I have reviewed my education records held within the Office of the Registrar at Fayetteville State. 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 document(s) be removed from my file:

DATE	STUDENT SIGNATURE
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Record Custodian Reviewing Request to Amend Education Record

LAST NAME (CUSTODIAN)	FIRST NAME	DISPOSITION OF REQUEST
TITLE	DATE	

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

DATE	CUSTODIAN SIGNATURE
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Appeals of the Record Custodian's decision may be made by completing a "Student Request for Formal Hearing" form. This form is 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 [Legal Affairs](#).

