



REQUEST FOR A HEARING TO CHALLENGE EDUCATIONAL RECORDS

Name _____ Student ID # _____

Address _____ Phone # _____

_____ Email _____

I request a formal hearing concerning correction of what I believe to be inaccurate or misleading information, described below, contained in my educational records.

Contested Information _____

After completion of this form submit it to the Registrar's Office. You will be notified of the action taken and if a formal hearing will need to be held.

I understand that by signing this form, Houghton University will honor my request for a hearing under the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended. An action will take place within 30 days from the date of this form.

Student Signature _____ Date _____

1st Endorsement

From _____ Date _____

To _____

The decision is as follows _____

Chairperson Signature _____ Date _____