

# TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

## STUDENT REQUEST TO AMEND EDUCATION RECORDS

| Please Print or Type                            |                            |
|---|----------------------------|
| Student Name:                                   | Student ID Number:         |
| Address:<br>City/State/Zip Code:                | School:<br>Classification: |
| Telephone Number:<br>Cell Phone (if available): | Email:                     |

TO: \_\_\_\_\_ (*Insert Name of Records Custodian*)

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (FERPA), I hereby request the following education records maintained by the Texas Tech University Health Sciences Center El Paso (TTUHSCEP) be amended in the manner listed below.

A. Education Records To Be Amended: \_\_\_\_\_

Location of Records: \_\_\_\_\_

Records Were Created or Authorized By: \_\_\_\_\_

Date Records Were Created or Authorized: \_\_\_\_\_

B. I am requesting that the following action be taken (for example, entire record be destroyed, specific portion in question be removed from my folder, substitution for questioned portion, etc.):

\_\_\_\_\_

\_\_\_\_\_

C. (*If requesting substitution*) I request a change in content from: \_\_\_\_\_

\_\_\_\_\_

to

\_\_\_\_\_

\_\_\_\_\_

D. The reason for my request is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. I have read the information provided in TTUHSCEP OP 77.13, *Student Education Records*.

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

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

### Official Use Only:

Amendment approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Amendment denied by: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Approval/Denial: \_\_\_\_\_