

CT STATE COMMUNITY COLLEGE Request to Amend or Remove Education Records

Please note: this form is not to be used for requesting a grade change.

Student Name: (Last, First, Middle Initial) _____

Student ID: @ _____ Phone Number: _____

Current Address: _____

I have reviewed my education record held within CT State Community College. I am not satisfied with the accuracy and/or completeness of these records. Specifically, I request these records be amended in the following way(s):

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

Certification:

By signing my name below, I hereby request that CT State Community College amend my education record in the ways stated above.

Student Signature: _____ Date: _____

Please complete and return to Enrollment Services.

Office Use Only

Record Custodian (Name): _____

Title: _____

Request Received Date: _____

Request Approved/Disapproved Status: _____ Date of Status: _____

Reason for request approval/disapproval: _____

