

*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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_