

Request to Amend or Remove Education Records

Office of the Registrar
Bethel University
3900 Bethel Drive / 2 Pine Tree Drive
St. Paul, MN 55112

PLEASE PRINT:

Student Last Name

Student First Name

Student ID Number

Telephone

Street Address

City, State, and zip

I have reviewed my education record held within the _____ Office at Bethel University. I am not satisfied with the accuracy or completeness of these records. Specifically, I request that these records be amended in the following way(s). (Use the next page if additional space is needed)

I request that the following documents be removed from file (if applicable):

Date

Student Signature

To be completed by the University:

Record Custodian Reviewing Request to Amend Education Record:

Custodian Last Name

First Name

Type of Request (Amend or Remove)

Custodian Title

Date

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

Date

Custodian Signature

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 Registrar's Office.

The Records Custodian must send a copy of this form to the student making the request and to _____ (Office) where record is kept.