

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

STUDENT REQUEST TO AMEND EDUCATION RECORDS

Please Print or Type	
Student Name:	Student ID Number:
Address: City/State/Zip Code:	School: Classification:
Telephone Number: 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 (TTUHSC El Paso) 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 TTUHSC El Paso HSCEP 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: _____