



Print Name:	
First Name	Last Name
Muhlenberg ID	
Expected Graduation Term and Year	

Request to Amend Education Records

To: Record Custodian

Date submitted: _____

I have reviewed my education records held within the following office(s) at Muhlenberg College.

I am not satisfied with the accuracy and/or completeness of these records. Specifically, I request that these records be amended in the following way(s). (Use next page if additional space is needed.):

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

Address _____ Phone _____

Student Signature _____

Email _____

Record Custodian Reviewing Request to Amend Education Record

Name _____ Title _____

Decision by the Record Custodian _____ Date _____

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

Appeals of the Record Custodian's decision may be made by completing a "Student Request for Formal Hearing" form, available from the Office of the Registrar.

The Records Custodian must send a copy of this form to the student making the request and to the Registrar.