

State law and university policy, with limited exceptions, allow you to be informed about information the University collects about you, to review and obtain the information on this form and to correct any information you believe is incorrect.

Copy 2 - Student

OFFICE OF THE REGISTRAR

## **REQUEST TO CHANGE OR CORRECT RECORDS**

(Only the person to whom these records belong may request changes)

s No	Last		First	M.I.
s No				
NU	If not, date of	last enrollment:		
Street		City, State	Zip	Phone#
Street		City, State	Zip	Phone#
		Gender FROM	l: TO	D:
		First		M.I.
		First		M.I.
FROM:		TO:		
Name			Relationship	
Street		City, State	Zip	Phone#
	Street  FROM:  Name	FROM: Name	Street  City, State  Gender FROM  First  FROM:  TO:	Street  City, State Zip  Gender FROM:  First  From:  TO:  Name  Relationsh

Corrected: Permanent Record ,EIS ,DarWin Inititals: