ROBERTS WESLEYAN COLLEGE

Request for a Hearing to Challenge Educational Records

Name _____ SS # _____

Address _____ Phone # _____

_____

I request a formal hearing concerning correction of what I believe to be inaccurate or misleading information, described below, contained in my educational records.

Contested Information _____
_____
_____
_____
_____

After completion of this form submit it to the Registrar in the Registration Office. You will be notified of the action taken and if a formal hearing will be held.

I understand that by signing this form, RWC and NES will honor my request for a hearing under the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended. An action will take place within 30 days from the date of this form.

Student Signature _____ Date _____

1st Endorsement

From _____ Date _____

To _____

The Decision is as follows _____
_____
_____
_____

Chairperson Signature _____ Date _____

Registration Office . 2301 Westside Drive . Rochester . NY . 14624-1997
Phone 585.594.6220 Fax 585.594.6925 www.Roberts.edu