Northeast Ohio
MEDICAL UNIVERSITY

Office of the Registrar
4209 St. Rt. 44, Rootstown, OH 44272
PHONE: (330) 325-6483 FAX: (330) 325-5905
Email: registrar@neomed.edu

REQUEST FOR FORMAL HEARING TO AMEND OR REMOVE EDUCATION RECORDS

Name: _____ NEOMED ID: _____

Address: _____ _____ _____ _____
Street City State Zip Code

E-Mail Address: _____ Telephone: (_____) _____

I request a formal hearing concerning correction or removal of what I believe to be inaccurate or misleading information contained in my education records. The following education record(s) is/are being contested:

I am contesting the information because (attach another page if additional space is needed):

Student will be notified by US mail of the date, time and place of the hearing. Notification of the decision will be sent to the address listed above within 5 business days after the hearing.

Student's Signature _____ Date: _____

Record Custodian _____ _____ _____
Name (please print) Signature Date

Data Compliance Officer _____ _____ _____
Name (please print) Signature Date

Note: If the student disagrees with the Registrar's decision, he/she has the right to place in his/her record a written statement commenting on the information in the record and/or stating his/her reasons for disagreeing with the decision. This explanation will become a part of the student's education record as long as this record is maintained and whenever a copy of this record is sent to any party, the explanation will accompany it.

OFFICE USE ONLY	**Date Notification Sent to Student:**