Northeast Ohio
MEDICAL UNIVERSITY

Request to Amend or Remove Education Records

(Submit to the Office of the Registrar once completed)

Last Name | First Name | M | NEOMED ID #

Address | Cell Phone Number

City, State, Zip Code

I have reviewed my education records held within Northeast Ohio Medical University. 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). (Attach additional pages if more space is needed.)

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

Student Signature (Print and Sign) | Date

Record Custodian(s) Reviewing Request to Amend Education Record

Name of Registrar (Last, First, Middle Initial) | Signature | Date

Disposition of Request: ☐ Approved ☐ Disapproved*

Reason for Approval/Disapproval (attach additional pages if more space is needed)

** In instances when the Registrar disapproves a request to amend an educational record, the student may request a secondary review by the originator of the document(s) in question. Please indicate whether you wish to pursue that option below, sign and date this section of the form, and then return to the Registrar for additional action.*

☐ I accept the Registrar's decision and do not request secondary review ☐ I request a secondary review

Signature | Date

Name of Document Originator (Last, First, Middle Initial) | Signature | Date

Disposition of Request: ☐ Approved ☐ Disapproved**

Reason for Approval/Disapproval (attach additional pages if more space is needed.)

*** Appeals of the Record Custodian's decision may be made by completing a "Request for Formal Hearing to Amend or Remove Education Records" form. This is available from the Office of the Registrar.*