



FERPA – REQUEST TO REVIEW/AMEND EDUCATION RECORDS

POLICY: A student has the right to inspect and review the education records within forty-five (45) business days after the school receives a written request for access. A written request identifying the records to be inspected should be submitted by the student to the Office of the Registrar. The University Registrar or designee will make arrangements for access and notify the student of next steps for inspecting the record. If the Office of the Registrar does not retain the records requested, the student will be advised of the correct official to whom the request should be addressed.

In addition, a student has the right to request an amendment of the education records if the student believes the record is inaccurate or misleading. To request an amendment, the student must submit this request along with a formal letter, clearly identifying the part of the record to be changed, and specifying why the record is inaccurate or misleading. Refer to the TCSP Student Handbook under the Family Educational Rights and Privacy Act of 1974 for detail information

INSTRUCTIONS:

1. Complete this form in its entirety.
2. Attach any supporting documentation, if necessary.
3. Submit the completed form and supporting documentation to the Office of the Registrar.

Email: TCSPPreRegistrar@thechicagoschool.edu or Fax: 312.757.7013

STUDENT NAME: _____ STUDENT ID#: _____

TCSP E-MAIL: _____ PHONE#: _____ LOCATION: _____

TERM/SEMESTER & YEAR: _____ DEGREE LEVEL: _____ PROGRAM: _____

Under the provisions of the 1974 Family Educational Rights and Privacy Act (FERPA), I hereby request to review/amend the following education records in the manner listed below.

Review: Education records to be reviewed: _____

Amend: Education records to be amended (complete 1-3 below): _____

1. I request a change in content from: _____

To: _____

2. The following misleading data is present: _____

3. I believe it is in violation of my rights of privacy under the 1974 Family Educational Rights and Privacy Act as outlined below: _____

I affirm that I am the individual named on this form. I have read and understand the TCSP Student Handbook policy governing education records.

STUDENT SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

Received by: _____	Date: _____	Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Staff Signature: _____	Date: _____	
University Registrar Signature (if applicable): _____	Date: _____	