

Staff Only
Date Received: _____
Date Processed : _____
Processed by: _____



OFFICE OF ACADEMIC RECORDS
FERPA Student Request for Formal Hearing

Name: _____ Student Number: _____
Address: _____ Phone: (____) _____
City: _____ Email Address: _____
State and Zip Code: _____

To: HCU Office of Academic Records Date: _____

I request a formal hearing concerning correction 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: _____

Please notify me of the date, time, and place of the hearing.

Student's signature _____