

The College of New Jersey

Office of Records and Registration
PO Box 7718, Ewing NJ 08628-0718
609-771-2141

Request to Inspect, Review and Amend Education Records

Name: Last: _____ First: _____	ID# <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> (6 Digit PAWS ID)						

Pursuant to FERPA requirements, the student will receive a response to their request within 45 days of receipt.

I wish to inspect the following education record(s):

DATE

STUDENT SIGNATURE

(COMPLETE THE SECTION BELOW AFTER RECORD(S) REVIEW)

I have inspected/ been informed of the contents of the requested education record identified above and

- I am satisfied with its accuracy and/ or completeness
 I am **not** satisfied with its accuracy and wish to amend it in the following way(s):

DATE

STUDENT SIGNATURE

Record Custodian Reviewing Request to Amend Education Record

LAST NAME (CUSTODIAN) FIRST NAME

DISPOSITION OF REQUEST

TITLE

DATE

Reason for Approval/ Disapproval

DATE

CUSTODIAN SIGNATURE