



**GOOD SAMARITAN COLLEGE  
OF NURSING AND HEALTH SCIENCE**

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**REQUEST TO AMEND OR REMOVE EDUCATION RECORDS**

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Student ID # \_\_\_\_\_

Address: \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed my education records held within the Administrative Offices at the Good Samaritan College of Nursing and Health Science. 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) (use back of sheet if additional space is needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Record Custodian Reviewing Request to Amend Education Record

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Disposition of Request     Approved  
    Disapproved

Reason for Approval/Disapproval (use back of sheet if additional space is needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Custodian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Appeal of the Record Custodian's decision may be made by completing a "Student Request for Formal Hearing" form. This form is available in the Office of the Assistant Registrar.

The Records Custodian must send a copy of this form to the student making the request and the Dean of Enrollment Management/Registrar.