



## Request to Amend or Remove Education Records

Student Name: _____	Student ID #: _____
Mailing Address: _____	Date of Birth: ___/___/___
City _____ State _____ Zip Code _____	
Phone Number: _____	Home _____ Mobile _____ Email Address: _____

I have reviewed my education records held within Enrollment Services at Fox Valley Technical College. I am not satisfied with the accuracy and/or completeness of these records. Specifically, I request that these records be amended in the following ways (use additional page if more space is needed):

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

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

- Electronic signature is accepted only if form is submitted through the My Attachments feature in your MyFVTC account or via your FVTC issued student email account.
- If not submitting the form online, it can be printed, completed, and signed by the student in-person at any FVTC location.

### Office Use Only

**Records custodian name:**

**Title:**

**Disposition of Request:**  
(Approve/Disapprove)

**Reason for Approval/Disapproval:**

\_\_\_\_\_  
Custodian Signature

\_\_\_\_\_  
Date