



**Request to Amend or Remove
Education Records**

Office of the Registrar, Eckhart Hall 1ST Floor,
347 S. Gladstone Ave. Aurora, IL 60506
Phone: 630-844-5462 Fax: 630-844-5463
registrar@aurora.edu

STUDENT INFORMATION

Full Name: _____ Student ID: _____
Last Name First Name Middle Name

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____ Email Address: _____

I have reviewed my education records held within the Office of the Registrar at Aurora University. 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 next page if additional space is needed):

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

Student Signature: _____ Date: _____

FOR OFFICE USE

Registrar Staff member reviewing request to amend education record: _____ Title: _____

Last Name First Name

Disposition of Request: _____ Date: _____

Reason for Approval/Disapproval (use next page if additional space is needed):

Signature: _____ Date: _____