

**STUDENT REQUEST FOR A HEARING**

TO: Registrar's Office  
Southern Arkansas University Tech  
P. O. Box 3499  
East Camden, Arkansas 71711

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

From: Student's Name \_\_\_\_\_ Student ID Number \_\_\_\_\_ 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: \_\_\_\_\_

(Use back of sheet if additional space is needed)

Please notify me of the date, time, and place of the hearing. My address and telephone number follows:

Local/campus address \_\_\_\_\_

Phone number \_\_\_\_\_

Student's signature \_\_\_\_\_

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From: \_\_\_\_\_ Hearing Officer Date: \_\_\_\_\_

To: Student's Name \_\_\_\_\_

The decision of the Hearing Officer is as follows: \_\_\_\_\_

NOTE to Student: If the student disagrees with the Hearing Officer's decision, he/she has the right to place in his/her record a written statement commenting on the information in the record and/or stating his/her reasons for disagreeing with the decision. This explanation will become part of the student's education record as long as this record is maintained and whenever a copy of this record is sent to any party, the explanation will accompany it.

NOTE to Hearing Officer: The Hearing Officer shall send a copy of this decision to the student and a copy to the Registrar.