

## Request to AmendEducation Record

Return completed form to: OFFICE OF THE REGISTRAR Att: University Registrar Stony Brook Union, Suite 206 Stony Brook, NY 11794-3221

1. Enter your Stony Brook ID number and Information in the spaces provided below.

Student <u>Last</u> Name (Please Print)	Student <u>First</u> Name	Stony Brook ID [ (if unknown, provide SS# ])	
Home Phone number with area code	Daytime (work) phone with area code	Student Major (if applicable)	College (if applicable)
( )	( )		☐ CAS ☐ CEAS
Home address including street no	umber, city, state and zip co	ode	
Email Address		Additional information:	
2. Read the following statements:			
The reason for this request should <u>cleanaccurate, misleading, or violates the</u>		ord the student wants changed and	specify why it is
There is no obligation on the part of the requested by the student, it will inform			amend the records as
3. Complete the following informa	tion:		
,	e semester and year. The r	nt name), hereby request to ame record(s) that I request to amend	
After request is reviewed, I reques Phone at Email at Mail sent to	et to be notified by: (check o	one and indicate contract inform	ation.)
Signature of Requestor		Dat	e
For Internal Use Only:			
Date request received by Registrar Date of review by University Regis			
University Registrar Signature:			
Date Requestor notified that revie	w is complete:		