



University of California
Santa Barbara

REQUEST FOR CLARIFICATION OR CORRECTION OF RECORDS

Office of the Registrar
University of California, Santa Barbara
Santa Barbara, CA 93106-2015
Phone: 805-893-3592
FAX: 805-893-2985
<http://www.registrar.ucsb.edu/recinfo.aspx>

Complete all required fields (indicated with *) and return it to the Office of the Registrar. Under FERPA, UC, and UC Santa Barbara policy, students have the right to request corrections to their educational records maintained by UC Santa Barbara. Complete this form to make a formal written request that UC Santa Barbara correct records which you believe to be inaccurate or misleading. Once your request is received, the Office of the Registrar will review the records you have indicated in this request and will decide whether to amend the record between 14 and 45 days from receipt of the request. For more information, please visit: <http://registrar.sa.ucsb.edu/recinfo.aspx>.

Important Distinction: Grades given in a course of study, including written evaluations that reflect institutional judgments of the quality of a student's academic performance in a course of study, are not subject to challenge under FERPA. Assignment of grades to students enrolled in University classes is the exclusive prerogative of University faculty. Grade-related and other academic grievances are covered under separate policies established in consultation with the Academic Senate. For more information, please visit: <http://my.sa.ucsb.edu/catalog/Current/AcademicPoliciesProcedures/ContestedGrades.aspx>.

*STUDENT'S NAME: _____ *PERM #: _____
(At the time of attendance) *LAST *FIRST *MIDDLE

*Are you currently a degree candidate? Yes No If yes, for which quarter: _____

Do not use this form if you are a degree candidate for the current quarter –contact your degree analyst directly at (805) 893-2633.

*EMAIL: _____ *PHONE #: _____

*I will return on _____ to pick up the response to this request. Please allow a minimum of 14 days for a response.

***Please provide a detailed description of your request. Specify the record(s) you believe to be incorrect or unclear and describe the desired corrections.** If you need additional space please attach additional pages or use the back of this form.

*STUDENT'S SIGNATURE: _____ *DATE: _____

Office of the Registrar use only

RECEIVED BY: _____ (STAFF INITIALS) Date: _____

RESPONSE: Date of Response: _____ By: _____

- Routed to (unit): _____
- Student is correct and record will be amended/corrected as requested.
- UC Santa Barbara records are correct; please see comments below:

COMMENTS:

