UNIVERSITY OF HAWAIʻI
REQUEST FOR HEARING

I, ______________________, hereby request that a hearing be held concerning (☐ access to; ☐ accuracy of) my records. This request is related to my (☐ request for access; ☐ request to amend), dated ______________.

This hearing is being requested because __________________________________________

______________________________________________________________________________

(Use back if additional space is required)

_________________________________  __________________________
(Student’s Signature)                (date)

Received by ______________________  __________________________
(Date)                              (date)

Title ______________________________

Informal Resolution (if applicable) _____________________________________________

______________________________________________________________________________

_________________________________  __________________________
(Student’s Signature)                (Department Head Signature)

_____________________________  __________________________
(date)                        (date)

Date of Hearing __________________ Hearing Officer __________________________

Summary of Findings __________________________________________________________

______________________________________________________________________________

Decision and Recommendations ________________________________________________

______________________________________________________________________________

Date Decision Mailed to Student: __________________

If the student’s request has been denied, the student shall be notified that he/she may place a statement in the education commenting on the decision of the University.

_________________________________  __________________________
(Hearing Officer Signature)               (date)

FERPA Form 7 (1988)