

APPENDIX H

(Please type or print clearly)

UNIVERSITY OF HAWAI'I
REQUEST FOR HEARING

I, _____, hereby request that a hearing be held concerning (access to; accuracy of)
(full name)
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)

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)