



OFFICE OF THE REGISTRAR
JACKSONVILLE STATE UNIVERSITY

Request for Amendment to Academic Record

If you are an inactive (former) student, please send from your personal email this form, your supporting documentation, and a copy of a valid photo ID as attachments to registrar@jsu.edu.

Student Information

Name: _____

Other Name(s) Previously Used: _____

DOB: _____ Last 4 of SSN: _____

Requested Review Term/Year:

☐ Fall 20_____

☐ Spring 20_____

☐ Summer 20_____

The request to amend my record falls under the following category:

☐ Inaccurate

☐ Misleading

☐ In violation of my privacy rights

Please provide as file attachments:

- A detailed description of your request for amendment of your academic record
- Supporting documentation.
- Include the course number and title for each course in which you are requesting review.

Requests without supporting documentation will not be reviewed.

Reviews of a student's academic record may take 2-3 weeks or longer.

Requests for grade changes must be handled through the [Academic Grievance](#) procedure.

By signing this form, I understand that my academic record at Jacksonville State University will be reviewed by a representative from the Office of the Registrar. The outcome of my request will be disclosed by a letter mailed to my listed mailing address. It is my responsibility to ensure that my listed mailing address on file is accurate with Jacksonville State University. If an update is needed, refer to the [Personal Information Update](#) form. I understand that if approved, amendments to my academic record may have GPA, academic standing, and/or financial aid implications.

For any questions, please call (256) 782-5400 or email registrar@jsu.edu.

Student Signature: _____ **Date:** _____