

REQUEST TO AMEND RECORDS

I request amendment of the following UCSD records which ar retrievable either by my name or by other identifying particular:

Name/Identifier	Record Title	Location of Record	Date

Desired amendment (describe incorrect information and proposed correction, i.e. change, deletion, addition):

Signature of Requestor:	Phone Number:	Date:
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Identification is required to insure that amendments are made only by person to whom the data pertains, further this request must include supporting documentation to assist the review process. A decision will be provided within 30 days of your request.

Type of ID Submitted:	Verified by:	Date:
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I, _____, _____, _____
Name Title Location

Have reviewed the above request, and have determined:

9 Records will be amended as requested.

9 Records cannot be amended for the following reason:

Signature of File Official:	Phone Number:	Date:
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If the above request is denied, you may appeal the denial by submitting a copy of this form and all supporting documents to Mr. Miles L. Bowler, Information Practices Act Coordinator, Mail Code Q-059, University of California-San Diego, La Jolla, CA 92093.

9 Review/Appeal of the above decision to deny access is requested.

Signature of Requestor:	Phone Number:	Date:
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I have reviewed the above decision as requested, and have determined:

9 Records will be amended as requested.

9 Request to amend records is denied.

Signature of Information Practices Act Coordinator	Phone Number:	Date:
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Note: If appeal is denied, you may file a statement of disagreement as a permanent part of the disputed records. Such statement shall be of reasonable length and shall pertain only to the disputed portion of the records. Copies of such a statement shall be made available to any person or agency to whom the disputed record has been or is disclosed.

Retention of this document is until expiration of the requested file, unless an amendment is pending.