Use this form if you believe the records held by <Organisation> are incorrect and need to be amended.

|  |  |
| --- | --- |
| Full name: |  |
| Student ID Number (if applicable) |  |
| Date: |  |
| Please explain which records need to be updated and why they are incorrect. |
| Please attach evidence that proves the records are incorrect. List the evidence here. |
| Please provide your contact details in case we need to get in touch with you about this request. |

|  |  |
| --- | --- |
| Signed: |  |
| Print name: |  |
| Date: |  / / |

**Please return this form to our office.**

We will notify you in writing of how we have responded to this request.