



Records Department

Date Received: _____

Instructions: Completion of this form indicates you have initiated a dispute of record that requires research by the Records department. Please provide a brief and clear statement explaining the reason/rationale for this dispute. In an effort to fully review your dispute, allow a minimum of 2 weeks for research and review. Please attach any additional documentation to this form in order to assist us in the review of this dispute.

The decision made after our review of records is final and cannot be appealed after a resolution has been determined.

Examples of Supporting Documentation:

- Documentation from another institution, indicating you were enrolled there during the semester(s) in question
- A valid form of identification (Driver's License or State Identification Card)
- Social Security Card
- Record of arrest, court order, incarceration, etc.

Student Name: _____

Social Security Number: xxx - xx - _____

CCC Student ID#: _____

Date of Birth: _____ / _____ / _____

Please provide a detailed explanation regarding your dispute: _____

By signing this statement, I certify that the information reported is correct and true.

_____	_____	_____
Student Signature	Date	Semester

_____	_____
Mailing Address	Email Address

_____	_____	_____	_____
City	State	Zip Code	Telephone Number

Attach any supporting documentation to this form and return the completed packet to the Records Department.

For Office Use Only:

Resolution: _____

Student Notified: _____

By _____ Date _____

Via: Phone Call Email Mail