

Office of Academic Records and Registration  
Office of the Registrar  
Long Island University  
C. W. Post Campus  
Greenvale, NY 11548  
(516) 299-2588

**REQUEST TO AMEND OR REMOVE EDUCATION RECORDS**

Date \_\_\_\_\_

Name of student \_\_\_\_\_ Social Security # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's Local/Campus Phone No. \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed my education records held within the \_\_\_\_\_  
office at Long Island University, C. W. Post Campus. I am not satisfied with the accuracy  
and/or completeness of these records. Specifically, I request that these records be  
amended in the following way(s) (use back of sheet if additional space is needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request that the following document(s) be removed from my file: \_\_\_\_\_

\_\_\_\_\_

Record Custodian Reviewing Request to Amend Education Record

Name: \_\_\_\_\_ Title \_\_\_\_\_

Disposition of Request \_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

Reason for Approval/Disapproval (use back of sheet if additional space is needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Custodian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Appeals of the Record Custodian's decision may be made by completing a "Student Request for Formal Hearing" form. This form is available in the Office of Academic Records and Registration, Room 102, Kumble Hall.

The Records Custodian must send a copy of this form to the student making the request and the Director of Academic Records and Registration.