

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

**STUDENT REQUEST TO INSPECT AND REVIEW EDUCATION RECORDS**

TO: Registrar, Academic Records & Registration, Room 102, Kumble Hall, and

SUBJ: Name of Custodian of Record in question: \_\_\_\_\_

I wish to inspect the following education record(s):

\_\_\_\_\_

Maintained in the following office(s): \_\_\_\_\_

Print Name (student) \_\_\_\_\_ S. S. # \_\_\_\_\_

Local/Campus Address \_\_\_\_\_

\_\_\_\_\_

TO: Student

Your request for inspection of your records was received on \_\_\_\_\_

The requested record will be available for review on \_\_\_\_\_

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

\_\_\_\_\_

To: Registrar

I have inspected and/or have been informed of the contents of the requested education record identified above and am satisfied with its accuracy and/or completeness.

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

\_\_\_\_\_

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To: Record Custodian

I have inspected and/or have been informed of the contents of the requested education record identified above and am not satisfied with its accuracy and completeness for the following reason(s) (use back of sheet if necessary):

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

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Students wishing to have their education records amended must complete a "Request to Amend Education Records" form. This form is available from the University's Office of Academic Records and Registration, Room 102, Kumble Hall.

Observations of the record custodian of disposition of this request should be written on the back of this sheet.

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

After completion by the student and Record Custodian, this form should be returned to the Director of Academic Records and Registration, Room 102, Kumble Hall.