

STUDENT REQUEST TO INSPECT AND REVIEW EDUCATION RECORDS

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TO: Registrar/Reco	rds and Registration, Room 102, Kumble Hall	
SUBJECT: Name o	f Student of Record in question:	
wish to inspect the following education record(s):		
Maintained in the fo	ollowing offices(s):	
	ME)	
SOCIAL SECURITY#	OR STUDENT I.D	
LOCAL/CAMPUS AD	DRESS	
TO: Student		
Your request for ins	pection of your records was received on	
The requested reco	ord will be available for review on	
DATE	RECORD CUSTODIAN'S SIGNATURE	
TO: Registrar		
I have inspected an	nd/or have been informed of the contents of the requested education record	
identified above and	d I am satisfied with its accuracy and/or completeness.	
DATE	STUDENT'S SIGNATURE	