



# REQUEST TO AMEND OR REMOVE EDUCATION RECORDS

OFFICE OF THE REGISTRAR • LIU POST • 720 NORTHERN BLVD., BROOKVILLE, N.Y. 11548  
(516) 299-2588 • WWW.LIU.EDU/POST/REGISTRAR

DATE \_\_\_\_\_

STUDENT \_\_\_\_\_ STUDENT ID or SOCIAL SECURITY# \_\_\_\_\_  
PRINT NAME

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STUDENT'S PHONE NO. \_\_\_\_\_

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I have reviewed my education records held within the \_\_\_\_\_  
Office at LIU Post. 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

\_\_\_\_\_ DENIED

Reason for approval/denial (use back of sheet if additional space is needed):

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

CUSTODIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Appeals of the records custodian's decision may be made by completing a "Students Request for Formal Hearing" form. This form is available in the Office of 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 Registrar in the Office of Records and Registration