

## Student Request to Inspect and Review Education Records

To: Registrar's C	Office			
I wish to inspect	the following educ			
Maintained in the	following office(s			
	ent) S			
To: Student				
•	nspection of your cord will be availa			
Registrar's Signat	rure		Date	
record identified a		satisfied with its	s accuracy and co	quested education impleteness for the
Student's Signatu	re		Date	
_	to have their educ ords form. This fo			*
Disposition of th	nis request shoul	d be written be	elow:	
Registrar's Signat	ture		Date	

NYITCOM at Arkansas State University P. O. Box 119 State University, AR 72467 Phone: 870-972-2786

Fax: 870-680-8800 comjbregistrar@nyit.edu

NYIT College of Osteopathic Medicine Northern Blvd., PO Box 8000 Serota Building-Rm 222 Old Westbury, NY 11568-8000

Phone: 516-686-3932 Fax: 516-686-3891

medicineregistrar@nyit.edu