



# UNIVERSITY AT ALBANY

State University of New York

## Request by Government Agency for Student Information

*Please be advised that this is not a transcript request form. There is a fee of \$5.00 per official transcript, which requires 4-5 business days to process.*

### Agent Information

Agency Name \_\_\_\_\_

Agent or Investigator Name \_\_\_\_\_ Phone \_\_\_\_\_

Please check one option below: (Please allow approximately 48 hours for processing)

Pick up \_\_\_\_\_ Time \_\_\_\_\_ or Fax \_\_\_\_\_ Fax number ( ) \_\_\_\_\_

Please attach a copy of the signed release by the student (REQUIRED)

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Student Information

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

Please list the specific information requested on the left side:

Information Requested	Registrar Verification by: Maria Brown, Associate Registrar
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2.	
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