

1400 Washington Avenue  
Albany, NY 12222



**UNIVERSITY AT ALBANY**  
State University of New York

Office of the Registrar  
Campus Center B-25

[www.albany.edu/registrar](http://www.albany.edu/registrar)

(518) 442-5540  
FAX 442-5532

**REQUEST TO REVIEW FOLDER**

I hereby *request* to see the non-confidential material contained in my academic record folder.

NAME: \_\_\_\_\_

ID # \_\_\_\_\_ Telephone # \_\_\_\_\_

Student Status: ☐ Matriculated Graduate ☐ Matriculated Undergraduate

Dates of Attendance: \_\_\_\_\_

Date Graduated: \_\_\_\_\_

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

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I hereby affirm that *I have viewed* the non-confidential material contained in my academic folder at the University at Albany.

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

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**OFFICE USE ONLY**

Date and time of appointment : \_\_\_\_\_

I have reviewed the folder to insure no confidential materials exist and/or have removed such material before the student's review.

REGISTRAR's STAFF Signature: \_\_\_\_\_ Date \_\_\_\_\_

Staff Title : \_\_\_\_\_