

Office of the Registrar
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UNIVERSITY AT ALBANY
State University of New York

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Request to Inspect and Review Non-Confidential Education Record(s)

I hereby *make a request* to inspect and review my non-confidential education record(s).

NAME: _____

ID # _____ Telephone # _____

- Student Status: Non-Matriculated Undergraduate Matriculated Undergraduate
 Non-Matriculated Graduate Matriculated Graduate
 University in the High School Program

Dates of Attendance: _____

Date Graduated: _____

I understand that a *request* to inspect and review my non-confidential education record(s) does not mean I will be provided copies of documents.

Signature: _____ Date: _____

I hereby affirm that *I have inspected and reviewed* my non-confidential education record(s)

Signature: _____ Date: _____

OFFICE USE ONLY

Date and time of appointment: _____

I have reviewed the requested materials to ensure that confidential materials do not exist and/or have been removed before the student's inspection and review.

Signature of Records Custodian: _____ Date _____

Name of Records Custodian: _____