

Request to Inspect and Review Education Records

Return completed form to: OFFICE OF THE REGISTRAR 276 Administration Bldg. Stony Brook, NY 11794-1101

1. Enter your Stony Brook ID number and Information in the spaces provided below.

Student <u>Last</u> Name (Please Print)	Student <u>First</u> Name	Stony Brook ID [(if unknown, provide SS# [)	
Home Phone number with area code	Daytime (work) phone with area code	Student Major (if applicable)	College (if applicable)
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Home address including street nu	umber, city, state and zip co	ode	
Email Address		Additional information:	
2. Read the following statements:			
for student education records, w	hich include admissions, aca ake written requests to the ERPA will be made available	n to coordinate the inspection and ademic and financial files. Student office of the Registrar listing the e within 45 days of the request.	s wishing to review
I, records that I request to review ar		request to inspect and review my pecific as possible)	education records. The
When my records are ready for rev Phone at Email at Mail sent to	view, I request to be notifie	d by: (check one)	
Signature of Requestor	gnature of Requestor Date		
For Internal Use Only: Date request received by Universit Date Requestor notified that recor Date of review:	· 		