



Please complete this form to request copies of your records from the DSPS or Learning Disabilities (LD) program at American River College. Be advised that this request may take up to **two weeks** to process.

Note: The individual, who is requesting their records via fax or email, is required to attach a copy of their government issued Photo ID with this request form.

Student Name: _____	Student ID: _____
Student Date of Birth: _____	Phone Number: _____
Email: _____	
Address: _____	

Please select the records being requested: LD DSPS

Please specify the records being requested: _____

Please specify how you would like to receive these records:

- I will pick up copies of my records from the DSPS/LD Office.
Records awaiting pick-up will only be held for 30 days, after that a new request must be submitted.
- Please mail my records to my address listed in my information above.
- Please email my records to the address listed above.
- Please fax my records to the following number: Fax # _____

Under Federal legislation, namely the "Family Educational Rights and Privacy Act of 1974" (FERPA), I understand that generally my educational records cannot be released without my written permission. This request form is intended as a one-time use only. This request is solely for the release of recorded information, and this form does not grant a discussion of student records or students.

Student Signature: _____ **Date:** _____

** FOR OFFICE USE ONLY **			
Date Request Received: _____	Staff Initials: _____	Date Request Processed & Released: _____	Staff Initials: _____
Records Retrieved from: <input type="checkbox"/> OnBase <input type="checkbox"/> Other			