

Disabled Student Programs & Services (DSPS) Records Request Form

Student Name:		First	 Middle	
		Student ID Number:		
Other Name Used (if applicable):_	Last	First	Middle	
		Email Address:		
DSPS only releases records directly DSPS educational records:	y to students. P	lease fill out this form to	o request a copy of you	
I, the undersigned, request a copy of	f my: (check all t	that apply)		
Disability Verification Docum	nents Le	earning Disability Assessm	ent Results	
Accommodations	Other (specify) _			
I am requesting a copy of my record	s for the followi	ng reason(s): (check all th	nat apply)	
, ,		Transferring to a University/Out of State School For my own records		
How would you like to receive your	records? (check	one)		
Sent via email to my persona	l email address: _			
I will pick them up in person not be picked up by anyone of				
Saddleback College DSPS keeps all signing below, I understand that my the original will remain on file with	request is for a	copy of my DSPS educat	ional records and that	
Signature of Student		——————————————————————————————————————	te / Time	
Please allow DSP	S up to 5 busines	s days to process this requ	est.	

The Family Educational Rights and Privacy Act of 1974 is a federal law protecting the privacy of education records of students. Any educational institution that receives funds under any program administered by the U.S. Secretary of Education is bound by FERPA requirements. Institutions that fail to comply with FERPA may have federal funds withheld.