

## Records Access Request Form

I, \_\_\_\_\_, request to view my Services to students with Disabilities file for my personal use. I am aware that I may have a third-party present, who is not licensed to practice law.

Please mark one box:

I request to view and/or copy (per University Policy & Procedures for Student Records Administration) my student records **in the presence** of my Services to Students with Disabilities Counselor, or the Director. Reviewing my records with counselor or the Director affords me the opportunity to have my counselor or the Director explain information and to answer my questions.

I request to view and/or copy (per University Policy & Procedures for Student Records Administration) my student records **without the presence** of a representative from Services to Students with Disabilities. I understand that a representative from Student Affairs will be present during my review but will not answer any questions that I may have about my student records.

I request to view and/or copy documentation that Services to Students with Disabilities has received from third parties (per the University Policy & Procedures for Student Records Administration). I understand that I must obtain and bring written permission (signed and dated on letterhead) from the originator of the documentation before access will be granted.

I request a Disability Verification Letter be sent to me, verifying my enrollment in services.

I request a Disability Verification Letter, verifying my enrollment in services, and a copy of my disability documentation sent to me.

Date of Review: \_\_\_\_\_

### Student

Student Name (please print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

### Third Party

I certify that I, \_\_\_\_\_, and not licensed to practice law.

Third Party Signature: \_\_\_\_\_

### Director

Director Name (please print): \_\_\_\_\_

Director Signature: \_\_\_\_\_