

DISABLED STUDENTS PROGRAMS & SERVICES (DSP&S)
City College of San Francisco
50 Phelan Avenue, Box: R323
San Francisco, CA 94112
(415) 452-5481 Voice (415) 452-5565 Fax

REQUEST FOR DSPS RECORD

Date: _____

Name: _____
(PRINT: Last, First, Middle)

CCSF ID: _____

Phone # _____

INSTRUCTIONS: Please complete and sign below to process your request. Your records will be available within 10-15 working days. Contact the DSPS Office at (415) 452-5481 to find out the status of your request, if you have any questions. Note: You may fax this form to (415) 452-5565. Confirm with our office that we receive your fax.

I am requesting the following:

_____ Learning Disability Assessment Report (Summary of Testing)

_____ Other* _____

The reason for my request is: _____

Instructions to process my request for records:

_____ I will pick it up. (Student must bring a photo identification, ie. driver's license, passport, or California I.D.)

_____ Send to: _____

_____ Other: _____

I give permission to the Disabled Students Programs and Services of City College of San Francisco to process this request.

Signature

Date

***Note: We are legally unable to release medical and psychological records. You need to go directly to the medical or other health provider to request such records.**