



# Disabled Students Programs and Services

50 Frida Kahlo Way, Ocean Avenue Campus, Office R323, San Francisco, CA 94112

Voice (415) 452-5481 Fax (415) 561-1040

## 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) 561-1040. Confirm with our office that we receive your fax.

### I am requesting the following:

Learning Disability Assessment Report (Summary of Testing)

The reason for my request is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Instructions to process my request for records:

I will pick it up. (Student must bring a photo identification, i.e. driver's license, passport, or California ID.)

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.