AMERICAN RIVER COLLEGE DSPS/LD
REQUEST FOR STUDENT RECORDS

Please complete the form below to request copies of your records from the DSP&S or Learning Disabilities program at American River College. Be advised that this request may take up to **two weeks** to process and **all** Learning Disability records must be reviewed by the LD Coordinator prior to their release.

Student Name:_____ **Student ID:**_____ **Social Security #:**_____
If you last attended before 2003

Phone Number:_____ **Address:**_____

_____

_____

Please circle the records being requested: **LD** **DSPS**

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 _____
  Name of Person or Institution

  Address:_____
- ❑ Please mail my records to my address listed in my information above.
- ❑ Please fax my records to_____ at _____.
  Contact Person *Fax Number*

Student Signature:_____ **Date:**_____

**** FOR OFFICE USE ONLY ****

Date Request Received:_____ Date Request Processed:_____ Staff Initials:_____

Records Retrieved from: ❑ OnBase ❑ Storage ❑ Other_____

Records Released: _____