

**UTSA Student Disability Services (SDS)
Student Record Request Form**

Records maintained in Student Disability Services are covered by the Family Educational Rights and Privacy Act (FERPA) and will be made available to you **within 30 days** of a written request. Please provide SDS with the following information:

Please note that inaccurate or illegible information could hinder processing your request in a timely manner

Full Legal Name: _____ Banner ID: @ _____

Phone Number: () _____ E-Mail Address: _____

Current Physical Address: _____

Street Address, P.O. Box

City

State

Zip Code

RECORD REQUEST

I, _____ hereby request a copy of my student record held in Student Disability Services.

Place your initials next to those requests you are making:

_____ Copies of Assessment/s, Psychological/Psychoeducational Evaluation, or Comprehensive Individual Assessment.

_____ Copies of Medical or Psychiatric Records

_____ Accommodation Letters Other: _____

Place your initial next to how you would like to receive the requested documentation:

_____ Send certified mail to address listed above

_____ I will be picking up the requested documents in person at SDS at the main UTSA campus
(Note: SDS will only hold this record for 15 calendar days at the end of the 30 day request period. If the records are not picked up, these copies will be destroyed/shredded.)

Student Signature

Date

SDS Authorized Signature (SDS Director)

Date

PICK UP INFORMATION

Record Received by

Date

SDS Staff/Front Desk

Date