



Disabled Students Programs and Services

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

Voice (415) 452-5481

REQUEST FOR DSPS RECORD

Date: _____

Name: _____ CCSF ID#: _____
PRINT: Last First Middle

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. You may fax this form to (415) 452-5481. 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.