



Request for Records Release

*The Disability Resource Center retains disability related documentation and student records for **seven** years after the date of a student s graduation, transfer, or end of enrollment. Students who are requesting records need to complete the following form in its entirety, which grants permission for the release of their records. All copies of disability related records will only be released directly to the student.*

Student Name: _____

Current Address: _____

Phone Number: _____

Last Semester Enrolled: _____

I, _____, request a copy of my confidential records from the Disability Resource Center at the University of Northern Colorado. In doing so, I consent for the Disability Resource Center to release my:

- Medical Records/Documentation
- Psychological/Psychiatric/Psycho-Educational Evaluations
- Accommodation History

Please attach a copy of your Driver s License or Government Issued ID