



Request to Review My Records Central Connecticut State University

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 the following information.

Personal Information

Legal Name: _____
Last Middle First

Date of Birth: ___/___/___ Gender: _____ Student ID No.: _____

Current Address: _____
Street Address Apartment/Unit #

City State Zip Code

Home Phone: _____ Cell Phone: _____

I, _____ hereby request a copy of my disability record located in Student Disability Services.

Copies of Assessments, Psychological/Psychoeducational Evaluation, or Comprehensive Individual Assessments

Copies of Medical or Psychiatric Records

Accommodation Letters

Other: _____

Student Signature Date

SDS Authorized Signature Date

Picked up by: Date