

**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)

Name:

Contact Phone Number:

Banner ID Number or full legal name:

UTSA start and end term:

E-mail Address:

Current Physical Address:

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

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

\_\_\_\_\_ Copies of Medical or Psychiatric Records

\_\_\_\_\_ Accommodation Letters

\_\_\_\_\_ Other: \_\_\_\_\_

I would like to receive the requested documentation to be sent to me in the following ways.

\_\_\_\_\_ Mailed (sent certified mail) to the address listed above

\_\_\_\_\_ I will be picking up the requested documents in person at SDS at the main campus

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SDS Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Picked up by: \_\_\_\_\_ Date