

Abilities Office
Department of Student Affairs
Cordell Reed Student Union Building 190
Chicago State University
Phone: (773) 995-2380/Fax: (773) 821-2506

Student File Request Form

I hereby request and authorize the Abilities Office at Chicago State University, to provide me a copy of the following information from my record:

- | | |
|--|--|
| <input type="checkbox"/> Verification of Disability Form | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Testing Records | <input type="checkbox"/> Speech & Hearing Evaluation/Audiogram |
| <input type="checkbox"/> High School Individualized Education Plan, Summary of Performance, Section 504 Plan | |
| <input type="checkbox"/> Other _____ | |

I will pick up requested documentation at the Abilities Office

Please mail the requested documentation to:

I release Chicago State University from any legal liability which may arise from the release of this information. I understand that the Abilities Office has up to 30 days to process this request. I understand that the Abilities Office will not send documentation via e-mail.

Printed Name: _____
Signature: _____
ID: _____ Date: _____
Witness: _____
Date Received: _____
Delivered to Coordinator: _____
Date Reviewed: _____

Request fulfilled via:
1) Pick up (Call when ready)
Phone Number: _____
2) Mail: _____
3) Fax: _____

Copies Processed: Yes No
Follow Up with Student By: _____
Date: _____