

**Disability Resource Center**  
Division of Student Affairs  
Campus Life Building, Suite 180  
Northern Illinois University  
DeKalb, IL 60115  
Phone: (815) 753-1303/Fax: (815) 753-9570

**Student File Request Form**

I hereby request and authorize the Disability Resource Center (DRC) at Northern Illinois University, to provide me a copy of the following information from my record located within the DRC:

- Diagnostic Evaluation
- Medical Records
- High School Individualized Education Plan, Summary of Performance, Section 504 Plan
- Testing Records
- Speech & Hearing Evaluation/Audiogram
- List of Accommodations utilized at Northern Illinois University
- Other

**I will pick up requested documentation at the DRC**

**Please mail the requested documentation to:**

**Please email the requested documentation to:**

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I absolve Northern Illinois University and its Board of Regents from any legal liability which may arise from the release of this information. I understand that the DRC has up to 60 days to process this request.

Printed Name:		Request fulfilled via:
Signature:		1) Pick up (Call when ready)
Z ID:	Date:	Phone Number:
DRC Witness:		2) Mail:
Date Received:		
Delivered to Director:		3) Email:
Date Reviewed:		
Copies Processed:	Yes	No
Follow Up with Student By:		
Date:		