

# Copy of Disability Educational Records Request Form

Please print and fill out form completely.

(Missing information may delay your request.)

Last Name

First Name

Date of Birth  Student ID #

E-mail  Phone Number

Reason for Request

Current Student

Prior Student Year Last Attended @ UMW

I request to receive a copy of my education records maintained in the Disability Resources Office via the following method: (choose one)

Mail

Fax

Pick-Up

Name

Address

Fax Number

City  State  Zip Code

Country

Signature

Date

Documents will be available within 7 (seven) business days of receiving the request.

*Please note:* The ODR will provide copies of documentation generated by this office, but is not able to forward documentation that originated with another institution or professional.

Return form to:

Office of Disability Resources  
Lee Hall 401  
University of Mary Washington  
1301 College Avenue  
Fredericksburg, VA 22401-5300