



ACCESS Disability Services

Date

Agency, School, Medical Doctor or Psychologist

Address

City and State

To whom it may concern:

_____ has applied for assistance through our ACCESS Disability Services Office.

We would appreciate the following documents:

- | | |
|-------------------------------------|-----------------------|
| _____ Psychological Test Report | _____ Team Report |
| _____ Student's Transcripts | _____ Social History |
| _____ Individual Ed. Plan/IEP | _____ Medical History |
| _____ Speech/Language Test Results | _____ Hearing Test |
| _____ Behavioral Observation Report | _____ Vision Test |

Below is a release signed by the student. Thank you for your attention to this communication.
Sincerely,

Elizabeth Smith, Director
ACCESS Disability Services
(305) 237-2316

Please release my record to ACCESS Disability Services, Room 2121, Miami Dade College, Kendall Campus, 11011 S.W. 104th Street, Miami, Florida 33176. Thank you.

Print Name: _____ SSN: _____

Dates of Attendance: _____

Home Address: _____

Signature: _____ Date: _____