



Records Request Form
Disability Resource Office

To request copies of available records retained by the Aurora University Disability Resource Office (DRO) for which that office is the custodian, please email this completed form to disabilityresources@aurora.edu. Documents will be sent as requested below, as soon as possible but no later than 45 days of receipt of this signed request form.

First Name _____ Last Name _____

Former Last Name (if applicable) _____ Former AU Student ID _____

Approximate Date of Last Attendance at AU _____

Please describe the specific information or types of documents you are requesting:

Please describe the reason for your request:

Where can we contact you if we have questions about your request?

Email Address _____ Phone Number _____

Please let us know how and where you would like the documents sent:

Recipient's Name _____

Recipient's Email Address (if you would like it sent electronically) _____

***Please be advised that email is not a secure method of transmitting documents. Please initial that you understand the risk and still wish for us to send documents in that manner _____ (initial)

Recipient's Mailing Address (if you would like it sent by mail):

Street Address _____ Unit _____

City _____ State _____ Zip Code _____

Person picking up the records (if you would like to receive the records in person – ID will be required)

I request that the information listed be provided as directed above. I understand that the requested information once sent, becomes the property of the recipient.

Signature: _____ Date: _____

Date received by DRO: _____