

To obtain a copy of your **Individual Educational Plan (IEP), Educational Assessments, and/or High School Transcript**, send/take this form to your high school.

**Note: MCPS destroys disability-related records, other than psychological evaluations, when a student reaches age 21.**

**Please submit only copies of original documentation; DSS cannot copy and return original documents.**

**STUDENT'S INFORMATION  
(Please Print Legibly)**

Student's Name:		<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.
Student's Date of Birth: ____ / ____ / ____		Year of Graduation:	
Name of High School:			
Address of High School:			

**I authorize the release of my confidential records to:**

**Please send these records to the campus marked below.**

**Student: Please only check the campus you are attending (only one campus).**

<input type="checkbox"/> <b>Rockville Campus:</b> Montgomery College Disability Support Services 51 Mannakee Street, CB122 Rockville, MD 20850 Phone: 240-567-5058 Fax: 240-567-5097	<input type="checkbox"/> <b>Germantown Campus:</b> Montgomery College Disability Support Services 20200 Observation Drive, SA175 Germantown, MD 20876 Phone: 240-567-7770 Fax: 240-567-1985	<input type="checkbox"/> <b>Takoma Park/Silver Spring Campus:</b> Montgomery College Disability Support Services 7600 Takoma Avenue, ST122 Takoma Park, MD 20912 Phone: 240-567-1480 Fax: 240-567-3922
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Student's Name (PRINT):	Student's Signature:
Signature of Parent/Guardian (if under 18):	Date: