



TEXAS A&M INTERNATIONAL UNIVERSITY

Registration Form 2: General Consent for Services

Today's Date: _____

Please read carefully and when confident you understand your rights and protections, **initial** each statement below to indicate that you authorize the Office of Disability Services for Students (DSS) of Texas A&M International University (TAMIU) to make arrangements for accommodations on your behalf.

I verify I have received a copy of the document entitled, A Registration Guide to Services for Students with Disabilities, and that I understand my rights and responsibilities as stated in this document. I understand I have the right to discuss any questions regarding the contents of this document with the DSS Coordinator/designee.

Request for Services:

I am making a formal request, as a student with a disability, for services from the DSS Office of Texas A&M International University. I agree to abide by all rules, procedures, and limits determined by law and the DSS office.

Authorization to Disclose Disability:

I authorize the DSS Office to disclose the nature of my disability to:

Current Professors Administration Other: _____

I do not authorize the disclosure of the nature of my disability to anyone outside of the DSS office at this time.

Permission to Discuss and Arrange for Disability-Related Accommodations:

I authorize the administrative staff of the DSS Office to discuss my disability-related needs with faculty, advisors, University administrators, and counseling staff at Texas A&M International University to make any necessary arrangements for accommodations.

I authorize administrative staff of the DSS Office to exchange information as needed with the following persons or agencies to enable the office to provide appropriate accommodations for me.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Request to Prepare Memorandum to Faculty Letters:

I authorize the Disability Services for Students Coordinator of the DSS Office to prepare memorandum/accommodation letters to faculty verifying my disability and accommodations for all of my instructors for each semester I request accommodations through the DSS Office.

Print Materials in Alternate Format:

I understand that if I am a student with a print disability who qualifies for a specialized format of print material such as textbooks, that any further reproduction or distribution of such specialized format that has been provided to me by the Office of Disability Student Services without proper permissions is considered copyright infringement.

Standardized Exams:

_____ I understand that services provided by Disability Student Services is a student service provided to me while I am a student at TAMIU. Qualifying for disability services at TAMIU will not determine eligibility for accommodations for standardized exam entities nor standardized exam entities for licensure exams. I understand that DSS at TAMIU can assist me by providing contact information, a referral, and/or guidance to such standardized exam entities.

State Agencies/Programs:

_____ I understand that services provided by Disability Student Services is a student service provided to me while I am a student at TAMIU. Qualifying for disability student services at TAMIU will not determine eligibility for services from state agencies/programs such as vocation rehabilitation, medical insurance programs, social security benefits, DARS, etc. I understand that DSS at TAMIU can assist me by providing contact information, a referral, and/or guidance to such states agencies/programs.

My Rights:

_____ I understand that under the Federal Education Rights and Privacy Act of 1974, no disclosure of my records can be made without my written consent unless otherwise provided for in legal statutes and judicial decisions. I also understand that I may revoke my consent, at any time, by submitting a signed, written request to the DSS Office. **Unless otherwise revoked, this authorization will expire upon completion of my degree or when I withdraw from the University.**

Texas State IDD Reporting Data:

_____ I understand that if my disability falls under Intellectual or Developmental disability (may include those under Autism Spectrum Disorder), data may be used for reporting to the Texas State under TAC Rule §4.12.

Signature of Student

Date: _____

Signature of DSS Coordinator

Date: _____