



TEXAS A&M INTERNATIONAL UNIVERSITY

5201 University Boulevard
Student Center 118
Laredo, Tx 78041
Phone: 956-326-3086
Fax: 956-326-2231

Registration Form
Demographic Information

Today's Date:

I. Background Information

Name: TAMIU Student ID:

Mailing Address:

City, State, and Zip Code:

Cell Phone Number: E-Mail Address:

Date of Birth: Gender: M F

Veteran: Yes No Service Branch:

Active military: Yes No Service Branch:

II. Education Information

Major: Classification: Fresh. Soph. Jun. Sen. Grad

Are you a transfer student from another university or college? Yes No

If "Yes", College/UNIV: Previous Student ID#:

Previous College Disability Coordinator/Provider:

Phone number: Fax:

III. Licensed Professional/Medical Provider Information

Are you currently seeing a doctor/other licensed professional for your condition? Yes No

Are you currently enrolled in a state funded program/agency for your condition? Yes No

Name, address, and phone number of your doctor/licensed professional/agency:

Texas Workforce Solutions (previously DARS) Counselor and Phone Number:

VA Provider Name and Phone number:

IV. Documentation/Records Request

Is there record or verification of your disability on file? Yes No

May we request records from your treating source? Yes No

If yes, you will be requested to sign an "Authorization to Obtain/Exchange Information". This will help us in helping you.

V. Emergency Contact

Emergency contact person: Relationship: Phone:

VI. Nature of Disability/Impairment (Check all that apply)

- Visual:
Hearing:
Physical:
Learning:

_____ ADHD: _____
_____ Chronic Illness: _____
_____ Psychological: _____
_____ Pregnancy High Risk: Yes _____ No _____ Expected Due Date: _____
_____ Other: _____

VII. Previously Authorized Accommodations

1. Were you granted testing accommodations or exempt from taking tests, such as TAAS, TAKS, STAAR, ACT, SAT, GRE, etc.? Yes _____ No _____ Explain _____

2. Were you granted any accommodations in elementary, middle school, and/or high school?
Yes _____ No _____ Did you receive any special education services? Yes _____ No _____

3. Have you been granted any accommodations while in college? Yes _____ No _____
If yes, list accommodations or other services you were provided: _____

VIII. Accommodations Requested

A. Document format (e.g., text books, handouts)

_____ Braille
_____ Audio Books
_____ Large Print
_____ Other _____

B. Testing Accommodations

_____ Additional test time
_____ Use of reader (provided by Disabled Student Services)
_____ Use of an amanuensis (scribe)
_____ Alternate testing environment: Testing Center
_____ Other _____

C. Equipment (Students may use their own equipment, or may request to check out equipment from the DSS office.)

_____ Audio Recorder
_____ CCTV
_____ Hand Held Magnifier
_____ FM system
_____ Voice Dictionary
_____ Other _____
_____ Other _____

D. Other Accommodations. Please be specific and supply appropriate documentation to support each request.

_____ Sign language interpreter
_____ Furniture _____
_____ Assistance with Note Taking _____
_____ Preferential Seating _____
_____ Other _____

IX. Please note that this form is part of the Disability Services for Students, admission process. Students/potential students are responsible for the completeness and accuracy of the information provided on this form, and are subject to misconduct and irregularity/disciplinary policies of the Division of Student Success at Texas A&M International University.

I certify that all of the information on this form is true and correct.

Student Signature

Date

DSS/SCS Administrator

Date

Disability Services for Students reserves the right to make final decisions regarding reasonable accommodation requests.