



# DISABILITY SERVICES FOR STUDENTS

## Request for Services Form

Today's Date: \_\_\_\_\_

Undergraduate: \_\_\_\_\_

Graduate: \_\_\_\_\_

TAMIU ID: \_\_\_\_\_

1. Student Name: \_\_\_\_\_

2. Contact Phone Number: \_\_\_\_\_

3. May we contact you at this phone number?      YES      NO

4. Dusty Email: \_\_\_\_\_

5. May we contact you at this email address?      YES      NO

6. Are you currently enrolled at TAMIU?      YES      NO

7. Classification: Freshman    Sophomore    Junior    Senior    Grad

**Services are primarily offered by appointment. Please help us determine how we can best help you by reading the following descriptions and checking those that apply:**

I am an incoming freshman student with a disability and require academic accommodations.

I am transferring from another university in which I received academic accommodations.

I am a student renewing accommodations for the upcoming semester. Indicate semester you last received services from us \_\_\_\_\_

I was sent by my Instructor and/or other third party to inquire about services.

I am a student who is self-referring and requesting information about services.

Other: \_\_\_\_\_

**For office use only:**

Student met with DS Coordinator (walk-in)

Appointment scheduled.

Student met with DS Administrator (walk-in)

Student decided to return at a later time

Date/Time Received: \_\_\_\_\_ Scheduled on: \_\_\_\_\_ Staff Initials \_\_\_\_\_