



Accessibility Services Registration Form

Student Name: _____ DOB: _____

Cell Phone: (_____) _____ Email: _____

Home Address: _____

Diagnostic Information

What is the primary diagnosis & date of diagnosis? _____

What is the secondary diagnosis & date of diagnosis (if applicable)? _____

Describe the current treatments and/or medications currently prescribed.

Educational History

Date of high school graduation: Month _____ Year _____

Did you receive any type of special education or support services in high school? _____

If yes, please explain the type of services received:

Current Educational Information

What is your current college GPA? _____

What is your major? _____

What is the reason you are applying for services?

Explain any other types of problems you are having in school other than those listed above.

Major Life Activities Assessment: Please check which of the following major life activities listed below are affected because of the disability. Indicate severity of limitations.

Life Activity	Insignificant	Moderate	Significant	Don't Know
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular Class Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing internal distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing external distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorization for Release of Information	
I, _____, hereby authorize Academic Support Services (insert full name)	
to release information about me by exchanging both verbal and written information with the individuals or groups listed below to inform them that I have a documented disability that requires a reasonable academic adjustment. A reasonable academic adjustment is based on documented individual needs, allows the most integrated experience possible, does not compromise the essential requirements of a course or program, does not pose a threat to person or public safety, does not impose undue financial or administrative burden, and is not of a personal nature.	
<input type="checkbox"/>Trine University Faculty who are teaching courses in which I am enrolled <input type="checkbox"/>Trine University Academic Advisor <input type="checkbox"/>Trine University Student Life Personnel <input type="checkbox"/> Trine University Administrators <input type="checkbox"/>Other Trine University Personnel <input type="checkbox"/>Parent or Guardian <input type="checkbox"/>Other: _____	
I understand that information will be shared only to assist Trine University in serving me in my educational progress. I have been informed and understand that this information will be treated with confidentiality. I realize that I have the right to revoke this authorization at any time by my written request.	
Student Signature	Date
Director, Academic Support Services Signature	Date
<i>Notes:</i>	