



TRINITY UNIVERSITY

DISABILITY SERVICES FOR STUDENTS • DIVISION OF STUDENT AFFAIRS

ONE TRINITY PLACE
SAN ANTONIO, TEXAS 78212-7200
www.trinity.edu

dss@trinity.edu
(210) 999-7411 voice
(210) 999-7848 fax

Application for Services

To apply to Disability Services for Students, please complete Sections A and B and submit written documentation of your disability from a qualified professional.

Section A. General Information

Name: _____ Name Preferred: _____
Last First M.I.

Date of Birth: _____ Student I.D. #: _____

Email Address: _____

Campus Box # (Local Address if living off campus): _____

Local Phone: (____) _____

Permanent Address: _____

City _____ State _____ Zip Code _____

Permanent Phone: (____) _____

First Semester at Trinity: _____ Fall _____ Spring 20____

Current Classification: _____ First Year _____ Sophomore _____ Junior
_____ Senior _____ Graduate Student

Major: _____

Parent/Guardian Name(s): _____

Optional:

Gender Identity:

____ Male
____ Female
____ Transgender

Race: (Select all that apply)

____ American Indian or Alaskan Native
____ Asian
____ Black or African American
____ Native Hawaiian or Other Pacific Islander
____ White

Ethnicity:

____ Hispanic or Latino
____ Not Hispanic or Latino

Citizenship:

Are you a foreign citizen without U.S. permanent residency or dual citizenship? ____ Yes ____ No

Section B: Disability Information

What is(are) your disability(ies)?

When were you diagnosed with your disability(ies)?

Please list any medications you are currently taking (including dosage):

Please describe any medical restrictions you currently have:

Describe how your condition affects you as a student:

Please list any academic accommodations or support services you have received in the past:

Please list any academic accommodations or support services you would like to request at Trinity.

Please provide any additional information you feel may be helpful in our consideration of your request.

Student Signature

Date

Section C: DSS Determination (For Office Use Only)

Date documentation provided: _____

Date of evaluation/diagnosis: _____

Eligibility for services: _____ approved _____ denied

Date eligibility determined: _____ by: _____

Disability: _____

Accommodations approved: _____