

Trine University Office of Accessibility Services Application & Release of Information		
Date		
Personal Information		
Name		
Student ID #		
Birth Date		
Permanent Address		
City/State/Zip		
Cellphone #	Email	
Educational History		
Date of high school graduation		
Have you ever been tested or diagnosed as having any type of a disability? Yes No		
If yes, when? (MM/YY)		
What was the diagnosis?		
Do you have documentation for your disability? Yes No		
Has this documentation been sent to Trine University? Yes No		
If yes, what department or office?		
Did you receive any type of special education services in high school? Yes No		
If yes, please explain		
Have you attended any other schools after you left high school? Yes No		
If yes, please list provide the following:		
School	Date of Attendance	GPA
Did you receive any degrees or certificates from these institutions? Yes No		
If yes, please list the type of degree or certificate and date received:		
Degree/Certificate	Date received	
Did you receive any support services while attending these institutions? Yes No		
If yes, please explain the type of support services received		
<i>Please complete the back of the application</i>		

Current Educational Information	
What is your current GPA?	
What is your major?	Minor?
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.	
Note: Please return this completed application to the Office of Accessibility Services and include any other supporting documentation.	
Office of Accessibility Services	
Trine University	
1 University Ave.	
Angola, IN 46703-1764	
Office of Accessibility Services, a division of Academic Support Services	
University Center, LINK	
Phone: 260.665.4179	
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 a 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
Notes:	