



TEXAS A&M INTERNATIONAL UNIVERSITY

Disability Services for Students
Student Center 118
5201 University Blvd.
Laredo, Texas 78041-1900
Phone: (956)326-3086 Fax: (956)326-2231

GENERAL INQUIRY FORM

PLEASE PRINT

Date: _____ Student ID # _____

Student Name: _____

Email: _____

Address: _____ State: _____ Zip Code: _____

Telephone: _____ Other Phone # _____

Please check appropriate box.

- I give permission to the office of Disability Services to send to me **VIA E-MAIL and/or phone** information, notifications regarding faculty letters, and other pertinent information. This permission will be in effect until termination of DSS services.

- I **do not** give permission to office of Disability Services to send to me, **VIA E-MAIL and/or phone** information, notifications regarding faculty letters, and other pertinent information.

Student Signature

Date: _____

DSS Coordinator Signature

Date: _____