



DISABILITY RESOURCE SERVICES

CALIFORNIA STATE UNIVERSITY STANISLAUS
Voice (209) 667-3159 | TTY (209) 667-3044 | Fax (209) 667-3585
Online <http://www.csustan.edu/drs>

Application for Services

Today's Date: _____

Name: _____

CSUS Student ID: _____

Date of Birth: _____

Email: _____

Local Address: _____

Phone: _____

Permanent Address: _____

Phone: _____

Major: _____

Class Level: _____

Were you referred to our office? Yes No If yes, by whom? _____

In case of emergency notify: _____

Phone: _____

Are you a Department of Vocational Rehabilitation Client? Yes No

Are you a Department of Veteran's Affairs Client? Yes No

Are you a TRiO/SSS student? Yes No

Do you have a computer? Yes No (If Yes, please check what kind: Mac Windows)

Do you have a tablet? Yes No (If Yes, please check what kind: iPad Android)

Do you have a smartphone? Yes No (If Yes, please check what kind: iPhone Android)

Do you have high-speed internet access? Yes No

For office use only

Disability: _____
(Primary)

_____ (Secondary)

Approved by: _____ File Code: _____ Coded by/date: _____

Campus: Main (Turlock)

Stockton Center