



Student Intake Form

In accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, the University offers accommodations to students with documented learning, physical and/or psychological disabilities. Reasonable accommodations and services cannot be determined until documentation is received and reviewed by the Accessibility Services Office. Documentation guidelines are available in the Accessibility Services Office (ASO) and on the office's website. This form must be submitted with documentation to the ASO.

(Please PRINT)

Date of Birth: _____ Last 4 of SS#: _____

Name: _____ Student ID: _____
(LAST) (FIRST) (M.I.)

Address: _____ City, State: _____ Zip: _____

Cell: _____ Email: _____

Primary Language: English Spanish ASL Other: _____

Current Term: Fall Spring Summer Year: _____ No. of Credit Hours: _____

Major/Program: _____ Status: Part-time Fulltime Living on campus
(Check one): Undergraduate Graduate & Continuing Studies Doctoral Studies

How did you hear about the Disability Services Office (DSO)? _____

Have you ever received services from this DSO in the past? YES NO Is the disability temporary? Yes No

In case of emergency, whom may we contact on your behalf?

Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____ Phone: _____

What is the nature of your disability? (Check all that apply)

- Learning Disability
- Chronic Medical Condition
- Visual Impairment or Blindness
- Motor Impairment (ambulatory)
- Motor Impairment (wheelchair)
- Hearing Impairment/Deafness
- Psychiatric/Psychological Disability
- Traumatic Brain Injury
- Attention Deficit Disorder/ADHD
- Autism/Asperger's
- Speech Impairment
- Other (Please specify): _____

Explain how your impairment substantially impacts your ability to attend, learn, or participate in University life. **Do not write, "See Documentation." Be as specific as possible:**

What accommodations are you requesting? (Check all that apply)

- Testing: Extended time Reader Distraction Reduced Environment Scribe Use of computer
- Classroom: Note-taker Materials in alternate format Recorded Lectures Accessibility/Preferential seating
- Communication: Alternative media Sign-language interpreter Assistive listening devices
- Student Life: Residential Medical Campus Events Early Course Selection Other (Please specify): _____

Briefly describe why you are requesting the accommodations you have selected:

Student's Signature

Date