

Intake Form for Student Presenting Disability and/or Requesting Accommodations

Name _____

Current phone number (best) _____

E-mail address _____

Local mailing address _____

Classification (freshman, sophomore, junior, senior, other) _____

Nature of Disability*: Learning? _____ Physical? _____ Visual? _____

Psychological? _____ Hearing? _____ Other? _____

Documentation? _____

Date of Documentation _____

Accommodation requested? _____

*Do you want your diagnosis/es to be disclosed to your professors (by Academic Success)?

Other Info _____

**Eligible students may apply for limited financial assistance for testing. Details and application for assistance are available through the Director of Academic Success.*

Assessment of Documentation _____ (for office use only) _____

*This is a new option for students: you may choose whether you would like your specific condition or disability stated in the accommodation letter sent to your professors. If it is included in the letter, we will try to also include a link to at least one online resource providing further information on the condition.

Date _____ Signature _____