



UAS - DISABILITY SUPPORT SERVICES
INTAKE FORM

Date _____

Name _____ Phone _____

ID# _____ Birthdate _____

Mailing Address _____

Street

City

State

Zip code

E-mail address

Type of disability(ies):

Academic support services:

Client of the Division of Vocational Rehabilitation or Veterans Affairs or other support agency:

_____ Yes _____ No

If yes, list name and phone number of counselor:

Would you like to register to vote? _____ Yes _____ No

I authorize Disability Support Services to notify professors/instructors (via a Faculty Notification Letter or other mutually agreed upon communication) regarding my disability if academic adjustments/accommodations are necessary for my participation in class(es).

Signature of DSS student _____

Date _____

**Information in your DSS file is confidential in accordance with
State and federal laws.**