



UAS - DISABILITY SUPPORT SERVICES
INTAKE FORM

Date _____

Name _____ Phone _____

ID# _____ Birth Date _____

Mailing Address _____

Street

City

State

Zip code

E-mail address

Tell us about your disability(ies) (Diagnosis and how it effects your academic functioning):

What academic support services have helped you in the past, and what do you think will help you at UAS? (Accommodations are developed from your input, professional assessments/documentation and consultation with the Coordinator of DSS. The DSS Coordinator makes the final decision about accommodations based on the above, as well as legal, reasonable and best practice considerations.)

Are you a 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:

I authorize Disability Support Services to notify professors/instructors/staff regarding my disability if academic adjustments/accommodations are necessary for my participation in class(es) or other academic services on campus.

Signature of DSS student _____

Date _____