***Mississippi College***

**Office Use Only**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

MC ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admitted?\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Disability Services**

Student Request for Reasonable

Accommodations/Modifications

Intake Application

Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ MC ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information**

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Middle) (Last)

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_Female \_\_\_Male Ethnic Background\_\_\_\_\_\_\_\_­\_\_\_

(Optional—For statistical purposes only)

Relationship Status (Check one) Living Situation(Check one)

\_\_\_Single \_\_\_Alone

\_\_\_Dating \_\_\_Roommate(s)

\_\_\_Partnered \_\_\_Partner/Spouse

\_\_\_Married \_\_\_Parents

\_\_\_Separated \_\_\_Other

\_\_\_Divorced

\_\_\_Other\_\_\_\_\_\_\_

Local/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability Related Information (THIS SECTION MUST BE COMPLETED FULLY)**

Disability Category (please check all that apply):

⁭ Specific Learning Disability ⁭ ADD/ADHD

⁭ Mobility ⁭ Other Physical

⁭ Blind/Low Vision ⁭ Deaf/Hard of Hearing

⁭ Psychological ⁭ Chronic Illness

⁭ Neurological ⁭ Temporary Injury

Specific Diagnosis/(es):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific Accommodations Requested (**Accommodation Request MUST be included**): \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Documentation Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Information**

Are you admitted to Mississippi College? \_\_\_\_Yes \_\_\_\_No

Online Student\_\_\_Yes\_\_\_\_\_No

Law Student\_\_\_Yes\_\_\_No

Accelerated Degree Program\_\_Yes\_\_No

**Academic Status:**

⁭ Incoming Student/Transfer (Anticipated ⁭ Junior

date of enrollment) \_\_\_\_/\_\_\_\_/\_\_\_\_ ⁭ Senior

⁭ Freshman ⁭ Graduate

⁭ Sophomore ⁭ Law

Academic Major\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School/College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vocation Rehabilitation Information:**

Do you receive services from Vocational Rehabilitation or some other office of rehabilitation services? \_\_\_\_Yes \_\_\_\_No

If yes, please provide us with the name, address, and phone number of your VR counselor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, would you like assistance contacting VR for possible funding of services?

\_\_\_Yes \_\_\_No

**Verification Information**

I give permission to the staff of Student Disability Services to contact my parents and/or legal guardian and my diagnosing healthcare professional in their attempt to verify my eligibility for academic accommodations. **I understand that this permission extends to the verification process *only***.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

(Student’s Signature) (Date)

**Disclosure Information**

By completing and signing this intake application, the signer is voluntarily disclosing a disorder and requesting accommodations. Disclosure of a disorder at this time does not necessarily confirm eligibility status for services or accommodations. While the Office of Student Disability Service will make every attempt to quickly review all requests for accommodations, the verification process may take several weeks or longer, depending upon the comprehensiveness and currency of the documentation submitted.

All information submitted to this office is to be completely confidential and used only for the purposes of verification and in connection with this institution’s commitment and obligation to students with disabilities.

**By signing below, you confirm that you have read (or have had read to you) and understand this document**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

(Student’s Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

(Staff’s Signature) (Date)

Revised January 2012