



Student Intake Form

Disability Services
 4400 University Drive, MS 5C9
 Student Union Building 1, Suite 2500
 Fairfax, VA 22030
 Phone: (703) 993-2474
 Fax: (703) 993-4306
 Email: ods@gmu.edu
 Website: ds.gmu.edu

Personal Information

Name		G#	
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Local Address		Permanent Address	
<i>Street</i>		<i>Street</i>	
<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>City</i>
			<i>State</i>
			<i>Zip Code</i>
Phone Numbers		E-mail Addresses	
Cell Phone:		GMU: -----@masonlive.gmu.edu	
Alternate Phone:		Alternate E-mail:	
Are you a Veteran?		Are you an International Student?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Transfer Student?			
<input type="checkbox"/> Yes	-----		<input type="checkbox"/> No

Emergency Contact

Name:	Relationship:
Cell Phone:	Alternate Phone:

Academic Information (please check below)

<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctoral	<input type="checkbox"/> Professional	<input type="checkbox"/> Other	
Undergraduate:								
		<i>Date of Enrollment at GMU</i>	<i>Degree</i>					<i>Anticipated Date of Graduation</i>
Graduate / Professional:								
		<i>Date of Enrollment at GMU</i>	<i>Degree</i>					<i>Anticipated Date of Graduation</i>

Disability Information *(please check all that apply)*

<input type="checkbox"/> Mobility Impairment	<input type="checkbox"/> Deaf & Hard of Hearing
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Asperger / Autism
<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Post Traumatic Stress Disorder (PTSD)
<input type="checkbox"/> Psychological / Emotional Disability	<input type="checkbox"/> Neurological Condition
<input type="checkbox"/> Medical	<input type="checkbox"/> Allergy
<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Speech & Language Impairment
<input type="checkbox"/> Attention-Deficit/Hyperactivity Disorder	<input type="checkbox"/> Temporary <i>(specify)</i>
<input type="checkbox"/> Other <i>(please explain)</i>	

Please describe in your own words your disability / disabilities and how it affects your ability to function on a university campus.

Accommodations

What accommodations have you previously used?

Please list the accommodations and services you are requesting.

If applicable, please list any adaptive technology you will be using.

How Did You Learn About Our Services?

<input type="checkbox"/> Website	<input type="checkbox"/> Physician	<input type="checkbox"/> Instructor
<input type="checkbox"/> Another Student	<input type="checkbox"/> High School / College	<input type="checkbox"/> Literature
<input type="checkbox"/> Parent	<input type="checkbox"/> Rehabilitation Agency	<input type="checkbox"/> Other <i>(please explain)</i>

Signature	Date
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