



### Student Intake Form

Disability Services  
4400 University Drive, MS 5C9, Fairfax, Virginia 22030  
Student Union Building I (SUB I), Suite 2500  
Phone: 703-993-2474 | Fax: 703-993-4306  
Email: [ods@gmu.edu](mailto:ods@gmu.edu) | Website: <http://ds.gmu.edu>

#### Personal Information

Name _____	G # _____
Local Address _____	Permanent Address _____
City _____	City _____
State _____	State _____
Zip _____	Zip _____
Cell Phone: _____	GMU Email: _____
Alternate Phone: _____	Alternate Email: _____
Are you a/an:      Veteran?      International student?	Transfer student? (From: _____)
	NOVA Advance Student?

#### Emergency Contact

Name _____	Relationship _____
Cell Phone _____	Alternate Phone _____

#### Academic Information

Freshman    Sophomore    Junior    Senior    Master's    Doctoral    Professional    Other

Date of Enrollment \_\_\_\_\_  
Degree/Program \_\_\_\_\_  
Anticipated Date of Graduation \_\_\_\_\_

#### Disability Information (check all that apply)

- |   |   |
|---|---|
| Mobility Impairment                             | Deaf / Hard of Hearing                        |
| Learning Disability                             | Autism Spectrum Disorder                      |
| Blind / Low Vision                              | Post Traumatic Stress Disorder (PTSD)         |
| Psychological/Emotional Condition               | Neurological Condition                        |
| Medical Condition                               | Allergy                                       |
| Brain Injury                                    | Speech and Language Impairment                |
| Attention Deficit Hyperactivity Disorder (ADHD) | Other/Temporary (please explain on next page) |

**Disability Information (continued)**

If you indicated “Other/Temporary” as the type of disability you have, please provide additional information.

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

---

**Accommodations**

What accommodations and/or assistive technology have you previously used?

Please list the accommodations and services you are requesting.

*Use additional sheets if necessary.*

---

**How did you learn about Disability Services?**

Website	Physician	Instructor
Classmate	High School/College	Literature
Parent	Rehabilitation Agency	Other: _____

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_