ALVERNIA UNIVERSITY
DISABILITY SERVICES OFFICE
Bernardine Hall 1121-A | 610-568-1499 (Voice/TTY)
disability.services@alvernia.edu

Student Intake Form

In accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, the University offers accommodations to students with documented learning, physical and/or psychological disabilities. Reasonable accommodations and services cannot be determined until documentation is received and reviewed by Disability Services staff. Documentation guidelines are available in the Disability Services Office (DSO) and on the office's website. This form must be submitted with documentation to the DSO. Please note that a separate form is available for requesting testing accommodations.

(*Please PRINT*)

Date of Birth: _____ Last 4 of SS#: ____ ____ ____ ____

Name: _____ Student ID: _____

(LAST) (FIRST) (M.I.)

Address: _____ Zip: _____

Cell: _____ Email: _____

Primary Language: ☐ English ☐ Spanish ☐ ASL ☐ Other: _____

Current Term: ☐ Fall ☐ Spring ☐ Summer Year: _____ No. of Credit Hours: _____

Major/Program: _____ Status: ☐ Part-time ☐ Fulltime

(*Check one*): ☐ Undergraduate ☐ Graduate & Continuing Studies ☐ Doctoral Studies

How did you hear about the Disability Services Office (DSO)? _____

Have you ever received services from this DSO in the past? ☐ YES ☐ NO

In case of emergency, whom may we contact on your behalf?

Name: _____ Relationship: _____

Address: _____ Phone: _____

What is the nature of your disability? (*Check all that apply*)

☐ Learning Disability ☐ Chronic Medical Condition ☐ Visual Impairment or Blindness
☐ Physical/Mobile Disability ☐ Deaf or Hard-of-Hearing ☐ Psychiatric/Psychological Disability
☐ Traumatic Brain Injury ☐ Temporary Injury/Condition ☐ Attention Deficit/Hyperactivity Disorder
☐ Undiagnosed Condition *(Please describe)*: _____
☐ Other *(Please specify)*: _____

Please explain how your impairment substantially impacts your ability to attend, learn, or participate in University life:

What accommodations are you requesting? (*Check all that apply*)

Testing: ☐ Extended time ☐ Reader ☐ Quiet environment ☐ Scribe ☐ Use of computer

Classroom: ☐ Note-taker ☐ Materials in alternate format ☐ Permission to tape record ☐ Accessibility/Preferential seating

Communication: ☐ Alternative media ☐ Sign-language interpreter ☐ Assistive listening devices

☐ Other *(Please specify)*: _____ ☐ Other *(Please specify)*: _____

Briefly describe why you are requesting the accommodations you have selected: