



**OFFICE OF ACCESSABILITY SERVICES**

**Student Request for Reasonable Accommodations Intake Application**

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

Personal Information:

Student's Name: \_\_\_\_\_  
(first) (middle) (last)

Student ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_Female \_\_\_\_Male \_\_\_\_Other

Mailing Address: \_\_\_\_\_  
(P.O. Box or Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

Student Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_@student.goodwin.edu

Are you a veteran or active military member? \_\_\_\_YES \_\_\_\_NO

Disability Related Information:

Disability category (please check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> ADD/ADHD                    |
| <input type="checkbox"/> Mobility                     | <input type="checkbox"/> Other Physical              |
| <input type="checkbox"/> Blind/Low Vision             | <input type="checkbox"/> Deaf/Hard of Hearing        |
| <input type="checkbox"/> Psychological                | <input type="checkbox"/> Chronic Illness             |
| <input type="checkbox"/> Neurological                 | <input type="checkbox"/> Temporary Illness or Injury |

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

\_\_\_\_\_

Specific Accommodations Requested:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Verification Information:

It may be necessary to contact a student's parents, legal guardians and/or health care professional during the verification process. Please indicate below whom we may contact on your behalf:

- You may contact my parents or legal guardian
- You may contact my healthcare professional
- Do not contact anyone on my behalf

By signing below I am acknowledging that I am allowing or not allowing OAS to contact those listed above. **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 disability at this time does not necessarily confirm eligibility for services or accommodations. While the Office of AccessAbility Services (OAS) 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 relevancy 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)

---

(AccessAbility Coordinator Signature)

---

(Date)