

# DISABILITY SERVICES INTAKE FORM *(to be completed by student only)*



Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Primary Campus: \_\_\_\_\_

Address: \_\_\_\_\_

Student Phone: \_\_\_\_\_ MTC Email Address: \_\_\_\_\_

Disability Services E-Newsletter?  Yes  No

What is your primary disability(ies)? \_\_\_\_\_

Have you ever received disability accommodations in the past?  Yes  No

If "Yes," please describe where: \_\_\_\_\_

If "Yes," please describe the accommodations you received: \_\_\_\_\_

What accommodations do you believe would be helpful to you in your studies at Midlands Technical College?  
\_\_\_\_\_

## Release of Information

I authorize the Counseling Services Staff to receive information and release information to the following persons:

Faculty/Staff (The staff of Counseling Services will only discuss my accommodations and/or disability-related challenges, and will not discuss the nature of my disability with faculty/staff without prior consent.)

Other: \_\_\_\_\_  
Name and Phone Number

Qualified Professional: \_\_\_\_\_  
Name and Phone Number

My request for accommodations will be complete and reviewed only after submission of the Disability Services Intake Form, documentation, and completion of initial interview. I will be notified of the decision regarding accommodations in writing. I understand that I am able to complete the Counseling Services Appeal Process if I am in disagreement with a decision.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Disability Services Signature

\_\_\_\_\_  
Date

Counseling Services adheres to strict standards of confidentiality and is compliant with the Health Insurance Portability and Accountability Act [HIPAA] of 1996 and the Family Educational Rights and Privacy Act [FERPA]; facsimile transmittals and records are stored in a secure location and reviewed only by authorized personnel.

## Counseling & Career Services Staff Only:

Intake Form Received Date: \_\_\_\_\_ Received By: \_\_\_\_\_ Review Date: \_\_\_\_\_

Documentation Received Date: \_\_\_\_\_ Received By: \_\_\_\_\_ Academic Program: \_\_\_\_\_

Training Program: \_\_\_\_\_ Requesting Semester: \_\_\_\_\_