

# DISABILITY SERVICES INTAKE FORM



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

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

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

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

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 Piedmont Technical College?  
\_\_\_\_\_

## Release of Information

I authorize Student Disability Services to receive information and release to the following persons:

- ☐ Faculty/Staff (The staff of Student Disability 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: \_\_\_\_\_
- ☐ Qualified Professional: \_\_\_\_\_

My request for accommodations will be complete and reviewed only after submission of the Disability Services Intake Form, documentation, and completion of initial interview.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor 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.