

SHENANDOAH UNIVERSITY  
**DISABILITY SERVICES**  
STUDENT INTAKE FORM

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ ID#: \_\_\_\_\_

**LOCAL CAMPUS ADDRESS:**

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PERMANENT ADDRESS:**

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PHONE:**

HOME: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**MAJOR:**

\_\_\_\_\_

**RESIDENTIAL STUDENT**

Yes \_\_\_\_\_ No \_\_\_\_\_ Resident Hall \_\_\_\_\_

**YEAR IN SCHOOL**

Freshman: \_\_\_ Sophomore: \_\_\_ Junior: \_\_\_ Senior: \_\_\_ Graduate: \_\_\_

**NATURE OF DISABILITY:** \_\_\_\_\_

**ACCOMMODATION(S) REQUESTED:**

\_\_\_\_\_