



# Eastern Illinois University Student Disability Services Initial Intake Form

E Number: \_\_\_\_\_

Optional: Ethnicity: \_\_\_\_\_

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

Optional: Birth Date: \_\_\_\_\_

.....  
Campus Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Campus Email: \_\_\_\_\_@eiu.edu

.....  
Optional: Parent(s) Name \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

City, State and County: \_\_\_\_\_

US Veteran? Yes or No	Branch? Army Air Force Guard	Marines Coast Guard Reserves	Navy
Transfer Student? Yes or No	From?		
Gateway Program? Yes or No	Class Level: FR SO JR SR Graduate		
First Generation College Student? Yes or No	Advisor Name:		
Major:	Minor:		

.....  
What is the disability for which you are requesting accommodations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How old were you when you were diagnosed with the disability? \_\_\_\_\_

Do you have a Department of Rehabilitation (DRS) sponsorship? Yes No Applied Not Eligible

Please list accommodations used at high school and/or previous institutions: \_\_\_\_\_  
\_\_\_\_\_

What accommodations are you requesting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that specific information is required for documentation of different types of disabilities and that accommodations will be considered only after the disability has been verified according to SDS Documentation Requirements.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_