

## **Student Accessibility Services**Intake and Consent Form

Part I – Personal Information	
Name:	Student ID Number:
Address:	
City, State, Zip:	
Phone:	
Email:	
Birthdate:	
Program:A	dvisor:
Referred to Student Accessibility Services by:	
Are you a client of Vocational Rehabilitation Service	ces (VR)? Yes No
If yes, please provide your Case Manager'	s name and contact information:
Part II – School History	
High School Attended:	Graduation Year:
What accommodations/support services did	
Other colleges attended:	Dates attended:
What accommodations/support services di	d you receive while in college?

NCK Tech is committed to nondiscrimination on the basis of race, color, gender, ethnic or national origin, sex, sexual orientation, gender identity, marital status, religion, age, ancestry, disability, military status, or veteran status in admission or access to, or treatment or employment in, its programs and activities. Further, it is the policy of the college to prohibit harassment (including sexual harassment and sexual violence) of students and employees. Any person having inquiries concerning the college's compliance with the regulations implementing Title VI, Title VII, Title IX, Section 504, and the Americans with Disabilities Act Amendments Act is directed to the Dean of Instructional Services (Section 504/ADA Compliance Officer) or the Dean of Student Services (Title VI, Title VII, & Title IX Compliance Officer) at 1-800-658-4655 or PO Box 507, 3033 US Hwy 24, Beloit, KS 67420.



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Part III – Disability Information
Diagnosis:
Please describe how your disability impacts you in the classroom.
Part IV – Accommodations Please list any academic accommodations or support services that you would like to request at NCK Tech.
Part V – Consent  I
Student Signature: Date:
Print Name:

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