



Student Accessibility Services Intake and Consent Form

Part I – Personal Information

Name: _____ Student ID Number: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Birthdate: _____

Program: _____ Advisor: _____

Referred to Student Accessibility Services by: _____

Are you a client of Vocational Rehabilitation Services (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 you receive in high school?

Other colleges attended: _____ Dates attended: _____

What accommodations/support services did you receive while in college?



Student Accessibility Services Intake and Consent Form

Part III – Disability Information

Diagnosis: _____

Documentation: _____

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 _____, give written consent to initiate the Student Accessibility Services (SAS) process to determine possible identification for academic accommodations/services. I understand that information concerning my disability may be disclosed with other SAS staff and appropriate instructors that may be a part of the Educational Accommodation Plan (EAP) Team.

Student Signature: _____

Date: _____

Print Name: _____