

DISABILITY SUPPORT SERVICES INTAKE FORM  
IVY TECH STATE COLLEGE - \_\_\_\_\_  
campus

Name \_\_\_\_\_ Date \_\_\_\_\_  
(last) (first) (m.i.)

Address \_\_\_\_\_  
(street) (city) (state) (zip)

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

High School \_\_\_\_\_ Graduation (or GED) Date \_\_\_\_\_

Program \_\_\_\_\_ TC / AAS / AS Disability Code: \_\_\_\_\_

Agency/VocRehab. Counselor \_\_\_\_\_ Phone \_\_\_\_\_

Disability/RX: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Documentation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations (suggested from documentation): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accommodations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have received the *Access* booklet and give my permission to record my disability status for statistical purposes.

\_\_\_\_\_  
**Signature** **Date**