



# Eastern Illinois University Accessibility & Accommodations 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 Marines Navy Air Force Coast Guard Guard Reserves
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 A&A Documentation Requirements.

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