

# LAFAYETTE COLLEGE

*Academic Resource Hub • Accessibility Services*

Easton, Pennsylvania 18042-1773 USA • TEL 610-330-5098 • FAX 610-330-3065 • [hub.lafayette.edu](http://hub.lafayette.edu)

## ACCESSIBILITY SERVICES STUDENT INTAKE FORM

### PERSONAL INFORMATION

- Name (Last Name, First Name):
- Optional Preferred Name:
- Pronouns:
- Student ID (LNumber):
- Date of Birth:
- Lafayette Email Address:
- Phone Number:

### DISABILITY INFORMATION AND CURRENT IMPACT

Primary Disability:

Secondary Disability(ies):

1. In your own words, please describe how your disability(ies) impacts your daily life and education:
2. How long have you been treated with this/these disability(ies)?
3. Are you active in any form of treatment? If yes, what kind and how often?

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4. What type of accommodations are you requesting? Check all that apply.
- ☐ Academic
  - ☐ Housing
  - ☐ Dining
  - ☐ Other:
5. Please describe the accommodation(s) you are requesting.
6. Please describe how the accommodation(s) will reduce the impact of your disability(ies).  
Describe if there is a barrier to access.
7. Is there any other information you would like to provide?

Student Signature:

Date: