

Academic Resource Hub • Accessibility Services

Easton, Pennsylvania 18042-1773 USA + TEL 610-330-5098 + FAX 610-330-3065 + 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		
Primar	y 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.	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	t Signature:
Date:	