

# LAFAYETTE COLLEGE

Academic Resource Hub ■ Accessibility Services  
610.330.5098    [www.hub.lafayette.edu](http://www.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:

Please check reason for request:

Initial request for accommodations

Requesting revision(s) to current approved accommodations

Requesting additional accommodation(s) to current approved accommodations

### DISABILITY INFORMATION AND CURRENT IMPACT

Primary Disability:

Secondary Disability(ies):

In your own words, please describe how your disability(ies) impacts your daily life and education:

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How long have you been treated with this/these disability(ies)?

Are you active in any form of treatment? If yes, what kind and how often?

What type of accommodations are you requesting? Check all that apply.

- Academic
- Housing
- Dining
- Other:

Please describe the accommodation(s) you are requesting.

Please describe how the accommodation(s) will reduce the impact of your disability(ies).  
Describe if there is a barrier to access.

Is there any other information you would like to provide?

Student Signature:

Date: