



NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

STUDENT INFORMATION

Name:

Banner ID Number:

Semester & Year:

NCAT Email Address:

Emergency Contact:

Name:

Relationship:

Preferred Phone Number:



NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

INTAKE FORM

The Office of Accessibility Resources has been designated on campus to assist students with disabilities. In order to provide this assistance, students must self-identify with the Office of Accessibility Resources by providing the following information. Please remember that any information you provide is strictly voluntary.

THIS INFORMATION IS CONFIDENTIAL

Please complete the following:

Student Banner ID:

First and Last Name:

Date of Birth:

Major:

Email Address:

Local or Campus Address:

Preferred Phone Number:

I authorize the Office of Accessibility Resources at North Carolina A&T State University to disclose to faculty and/or staff members information regarding my disability and need for accommodations. This information may be used to evaluate the need for educational services and/or plan an educational program. The use or release of this information is limited to purposes directly connected with my educational program.

Print:

Signature:

Date:

I understand that my records are protected under confidentiality legislation and cannot be disclosed without my written consent unless otherwise provided for by law. I understand that I may revoke this consent at any time except to the extent that action has already been taken. This authority expires with graduation unless otherwise specified.



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Disability Impact Statement from Applicant

Name:

Date:

Banner ID:

Major:

In order to be able to fully understand the impact of your disability/medical condition, in addition to reviewing your documentation we would also like specific information on how the diagnosed condition described is currently affecting your functioning and causing you substantial limitations.

Current Impact

Describe in as much detail as possible how the diagnosed condition is currently affecting and substantially limiting your performance.