



NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

INTAKE FORM

The Office of Accessibility Resources has been designated on campus to provide equal access to 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: **Current Semester/Year:** _____

Student Banner ID: _____ DOB: _____

Printed Name: _____ Major: _____

NC A&T Email Address: _____

Check the information below that applies to you:

Graduate Student: _____ Under Graduate Student: _____ Night Student: _____

Athlete: _____ Veteran: _____ Classification: _____

Male: _____ Female: _____ Unspecified Gender: _____

Preferred Contact 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.

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.

Student's Signature: _____ Date: _____

North Carolina Agricultural and Technical State University is committed to equality of educational opportunity and does not discriminate against applicants, students, or employees based on race, color, national origin, religion, sex, sexual orientation, gender identity, age, disability, genetic information, veteran status, or political affliction.



NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

DISABILITY IMPACT STATEMENT FROM APPLICANT

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.

North Carolina Agricultural and Technical State University is committed to equality of educational opportunity and does not discriminate against applicants, students, or employees based on race, color, national origin, religion, sex, sexual orientation, gender identity, age, disability, genetic information, veteran status, or political affliction.