Jackson State Community College
Disability Resource Center Intake Form

Our staff is here to help provide you with equal access to Jackson State courses, facilities, programs and services. Please complete this form and return it to the Disability Resource Center, Room 13 of the Student Union, with appropriate and current (no older than three years) documentation of your disabling condition.

Name _____ Student ID# J000_____

Address_____
City State Zip Code

Telephone (Home) _____ (Cell) _____ (Work) _____

E-mail Address(es) _____ Date of Birth_____

Intended Major _____ Career Goal _____

1) Please describe your disability and medications:_____

_____

Please continue on back of form if more space is needed.

2) Please describe how your disability affects your performance in daily life and in college:

_____

_____

3) What services/accommodations/aids do you request while at Jackson State? _____

_____

4) Are you working with: Vocational Rehabilitation? Yes No
Veteran's Administration? Yes No

If "yes," please list your counselor's name, phone number _____

_____ _____ _____
Student Signature **Student Name (please print)** **Date**