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 ______________