CLAYTON STATE UNIVERSITY
Disability Resource Center

Intake Form

Name: _____ Date: _____
(Last) (First) (MI)

LAKER ID#: _____ Date of Birth: _____

Gender: ☐ Female ☐ Male Race/Ethnicity: _____

_____
Local Address (Street) (City) (State) (Zip Code)

Phone: Cell: _____ Work: _____ Home: _____

CSU E-mail: _____ Alternate E-mail: _____

Student Status:

☐ Prospective _____ ☐ Currently Enrolled ☐ Continuing Education
Date of Anticipated Enrollment

☐ Transfer from: _____ ☐ Transient from: _____

Year: ☐ Dual Enrollment ☐ FR ☐ SO ☐ JR ☐ SR ☐ Post Bac. ☐ Grad

Diagnosed disability (ies): _____

Year of initial diagnosis: _____ Year of most recent evaluation: _____

Indicate the reasonable accommodation(s) you are requesting, **(housing accommodations see page 2):**

_____

_____

_____

Are you a veteran? ☐ YES ☐ NO

Do you receive Vocational Rehabilitation services? ☐ YES ☐ NO

If yes, VR Counselor: _____

Phone: _____ E-mail: _____

Are you requesting ***housing accommodations**? ☐ YES ☐ NO
If yes, Please check all accommodation(s) requested:

_____ Wheelchair accessible kitchenette
_____ Wheelchair accessible bathroom
_____ Roll-in shower for wheelchair access
_____ Visual emergency alarm
_____ Bed shaker emergency alarm
_____Visual door knock alert
_____TTY compatible telephone
_____Housing for a personal assistant (Additional regular housing fees apply)
_____Trained service animal in housing unit
_____Other (please explain) _____

_____

_____

***NOTE: In order to live in University Housing, students must also complete a housing application in the online portal according to the deadlines listed on the Housing and Residence Life - Clayton State University website.**

_____
Student Signature Date

Return to:
Disability Services
Clayton State University
Edgewater Hall Suite 255
2000 Clayton State Boulevard
Morrow, GA 30260

Please direct all questions via:
Phone: (678) 466-5445
DisabilityServices@clayton.edu