HARDING UNIVERSITY
Disability Services and Educational Access
Intake Form
Box 12268
Searcy, AR 72149-5615
(501) 279-4019

Student H # _______________________     Date _______________________

I. GENERAL INFORMATION

First Name_________________________ Initial_____ Last Name ____________________Preferred Name_____________
Married women: Maiden Name ______________________________Husband’s First Name________________________
Birth date________________            Gender: Male______  Female_______
HU Box Number______________ HU Dorm/Rm _________________ __Cell Phone____________________________
Harding E-Mail________________________________________
Off-Campus Address___________________________ _________City_________________State _____ Zip_________

II. EDUCATIONAL BACKGROUND

Classification   _____     _____    ____    _____   Total College Hours ____________ Major ________________
(FR)       (SO)        (JR)        (SR)
Initial Enrollment at Harding (Semester & Year) _____________ ACT/SAT Score____________
College Previously Attended____________________ College Transfer Credits _______ College GPA Transferred_____

III. ELIGIBILITY INFORMATION

Do you have a diagnosed physical, psychological, or learning disability? (Circle all that apply)

Explain__________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Section 504 plan (Y or N) When were you first diagnosed? _________ Date of last evaluation_________
Have you received academic accommodation previously? (Y or N)   Explain __________________________
Do you have a Vocational Rehabilitation Counselor?  (Y or N)         What State? ______________

-I affirm the information I provided on this form is true to the best of my knowledge.

Signature ________________________________________________________________________________ Date __________________________________

The Harding University Disabilities Office does not discriminate against applicants based on race, sex, religion, national origin, or handicap.

For office use only. Do not write below line.
Referred by ____________________________

Documented Disability (Circle)    Learning    Physical    Psychological

Diagnosis
______________________________________________________________________________________

Medications
______________________________________________________________________________________
______________________________________________________________________________________________________________________

Diagnosing Professional
______________________________________________________________________________________

Phone number __________________________ fax number __________________________

Documentation provided during the interview. (Circle)    Yes    No

Date Release Form faxed __________________________

Discussion with diagnosing professional (Circle)    Yes    No    Date_________________________

Discussion with parent (Circle)    Yes    No    Date_________________________

Comments
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

_______________________________________________________
Disabilities Coordinator, Harding University