

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