



# Southeast Arkansas College

## Disability Services Intake Form

### Applicant Information

Full Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
*Last First M.I.*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address City State ZIP Code*

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Disability

Description of Disability: \_\_\_\_\_

Documentation of Disability: \_\_\_\_\_ Provided \_\_\_\_\_ Not Provided

List any accommodations needed: \_\_\_\_\_

List any effective accommodations used in the past: \_\_\_\_\_

### Emergency Contact

*In case of an emergency, who may we contact?*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Disclaimer

Note: Completion of this form does not guarantee accommodations, adequate documentation of disability is required in order to provide reasonable accommodations. The Office of Disability Services will make every effort to arrange accommodations for students in a timely manner. In order to achieve this goal, it is the student's responsibility to turn in all documents in a timely manner to the Office of Disability Services located in the Student Services Building in the Student Success Center Rm 161. For questions or comments, please call (870)543-5949.

### Signature

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL INFORMATION PROVIDED IS CONFIDENTIAL**

Return forms to: SEARK, Attn: Office of Disability Services, 1900 S. Hazel Street, Pine Bluff, Arkansas 71603.