

### 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:

- |   |   |
|---|---|
| <input type="checkbox"/> Wheelchair accessible kitchenette    | <input type="checkbox"/> Visual door knock alert  |
| <input type="checkbox"/> Wheelchair accessible bathroom       | <input type="checkbox"/> TTY compatible telephone   |
| <input type="checkbox"/> Roll-in shower for wheelchair access | <input type="checkbox"/> Housing for a personal assistant (Additional regular housing fees apply) |
| <input type="checkbox"/> Visual emergency alarm               | <input type="checkbox"/> Trained service animal in housing unit                                   |
| <input type="checkbox"/> Bed shaker emergency alarm           | <input type="checkbox"/> Other (please explain) _____   |
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**\*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 Website](#).**

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return to:**  
**Clayton State University**  
**Disability Resource Center**  
**2000 Clayton State Boulevard, Edgewater Hall 255**  
**Morrow, GA 30260**  
**Fax: (678) 466-5467**

**Please direct all questions via:**  
**Phone: (678) 466-5445**  
**E-mail: [DisabilityResourceCenter@clayton.edu](mailto:DisabilityResourceCenter@clayton.edu)**