



ADA Accommodations Request Form/Intake Application

Date: _____

Personal Information

Student's Name: _____

Student's ID#: _____ Date of Birth: _____ Gender: _____

Address: _____ Phone #: _____

Email Address: _____

Academic Status/Classification: _____

Parent/Legal Guardian: _____

Disability Related Information

Which of the following categories best describes your **Primary** diagnosis(es)? (Please check all that apply).

ADD/ADHD _____ Orthopedic/Mobility Impairment _____

Blindness/Visual Impairment _____ Psychological Disorder (Specify) _____

Deafness/Hearing Impairment _____ Speech/Language Disorder _____

Learning Disability _____ Traumatic Brain Injury _____

Other (Be specific): _____

Medications: _____

This document and the information contained herein are CONFIDENTIAL and shall not be shared with any party except to the extent necessary to carry out appropriate accommodations. However, this document shall be subject to review by appropriate state and federal authorities to ensure compliance by Tougaloo College with applicable rules, regulations, and statutes.

Permission to release appropriate documentation to college personnel is hereby granted.

By signing below, you confirm that you have read (or have had read to you) and understand this document.

Student Signature

Date