



Eastern Illinois University

Office of Student Disability Services Initial Intake Form

E Number: _____ Optional: Ethnicity: _____

Name: _____ Optional: Birth Date: _____

 Campus Address: _____

Cell Phone: _____ Campus Email: _____@eiu.edu

 Optional: Parent(s) Name _____

Permanent Home Address: _____

City, State and County: _____

US Veteran? Yes or No	Branch? Army Marines Navy Air Force Coast Guard Guard Reserves
Transfer Student? Yes or No	From?
Gateway Program? Yes or No	Class Level: FR SO JR SR Graduate
First Generation College Student? Yes or No	Advisor Name:
Major:	Minor:

 What is the disability for which you are requesting accommodations? _____

How old were you when you were diagnosed with the disability? _____

Do you have a Department of Rehabilitation (DRS) sponsorship? Yes No Applied Not Eligible

Please list accommodations used at high school and/or previous institutions: _____

What accommodations are you requesting? _____

I understand that specific information is required for documentation of different types of disabilities and that accommodations will be considered only after the disability has been verified according to OSDS Documentation Requirements.

Student Signature: _____ Date: _____

