## DISABILITY SERVICES INTAKE FORM

NAME:				Male	Female	
(Last)	(First)		(Middle)			
OBU ID #	Date of Birth:	//	Social Securit	y:		
Current Semester at OBU: Fall	Spring	J-Term	_ Classification	:		
Phone:	Email:					
OBU Box Number:	_ School Address:					_
Permanent Address:						
PO Box /	Street	City		State		Zip
Description of Disability:						
	uding diagnosis of c what accommodatio					demic function,
Provided						
Not Provided						
List any accommodations needed:						
List of effective accommodations	used in the past:					
If you wish to request reasonable acco your instructors and/or appropriate car individuals who can provide the accon	npus offices. I, therefo	ore, give my permis	ssion for the Disabil			
I attest that the information provided o	on this form is true and	l accurate.				
Signature			Date			

## ALL INFORMATION PROVIDED IS CONFIDENTIAL

Return forms to: Disability Services Office | OBU Box 61806 | 500 W. University | Shawnee, OK 74804 Questions? Call Disability Services, 405.585.5285 | fax: 405.585.5266 | Monday-Friday, 8am-5pm

Note: Completion of this form does not guarantee accommodations as adequate documentation of disability is required in order to provide reasonable accommodations. The Disability Services Office will make every effort to arrange accommodations for students in a timely manner. In order to achieve efficient service, it is the student's responsibility to turn in all documents in a timely manner to the Disability Services Office in the Geiger Center 101. For questions or comments, please call 405-585-5285.