

DISABILITY SERVICES INTAKE FORM



NAME: _____ Male Female
(Last) (First) (Middle)

OBU ID # _____ Date of Birth: ____/____/____ Social Security: _____

Year of Planned Enrollment: Fall ____ Spring ____ J-Term ____

Phone: _____ Email: _____

OBU Box Number: _____ School Address: _____

Permanent Address: _____
PO Box / Street City State Zip

Description of Disability: _____

Documentation of Disability: _____ Provided
_____ Not Provided

List any accommodations needed: _____

List of effective accommodations used in the past: _____

If you wish to request reasonable accommodations at Oklahoma Baptist University, it may be necessary for the Disability Services Office to notify your instructors and/or OBU Facilities Services. I, therefore, give my permission for the Disability Services Office to contact the necessary individuals who can provide the accommodations throughout my tenure as a student at OBU.

I attest that the information provided on this form is true and accurate.

Signature

Date

ALL INFORMATION PROVIDED IS CONFIDENTIAL

Return forms to: Disability Services Office | OBU Box 61239 | 500 W. University | Shawnee, OK 74804
Questions? Call Disability Services, 405.585.5250 | fax: 405.585.5259 | Monday-Friday, 8am-5pm

Note: Completion of this form does not guarantee accommodations, 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 Office of Student Life located on the first floor of the Geiger Center. For questions or comments, please call 405.585.5250.