

Langston University
Office of Student Disabilities Services
P. O. Box 1500
Langston, Oklahoma 73050

Intake Information

Date: _____

Name: _____ **SS#:** _____

University Address: _____

Phone Number: _____

Permanent Address: _____

Phone Number: _____

Ethnic Background: _____ Black _____ Caucasian _____ Native American
_____ Asian _____ Hispanic _____ Other (Please Specify) _____

Classification: _____ Freshman _____ Sophomore _____ Junior _____ Senior

Major: _____

School/Division: _____ Education _____ Physical Therapy _____ Business _____
Nursing _____ Arts & Sciences _____ Music _____ Graduate _____ Other _____

Financial Aid: _____ Pell Grant _____ Veterans _____ SEOG _____ Subsidized _____
Vocational Rehabilitation _____ Unsubsidized _____ Scholarship(s) _____

Referral:
_____ Self _____ Vocational Rehabilitation _____ Student Support Services _____ Parent
_____ School Counselor _____ Other (Please Specify): _____

Type of Disability: _____ Psychiatric Disability _____ Learning Disability _____ ADD _____

ADHD _____ Head Injury _____ Physical Disability _____

Description of Disability: _____

Onset of Disability: _____

Medication/Dose: _____

Previous College Attended: _____

Yes _____ **Date(s):** _____

No _____

Additional Relevant Information: _____

Vocational Rehabilitation Counselor:

Name: _____

Phone: _____

Signature of Student: _____ **Date:** _____

Signature of ADA Compliance Office: _____

Date: _____