

*Mississippi College*  
**Student Counseling and Disability Services**  
**601-925-7790**

Student Request for Reasonable  
Accommodations/Modifications  
Intake Application

Date \_\_\_\_\_

MC ID#: \_\_\_\_\_

**Personal Information:**

Student's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender: \_\_\_Female \_\_\_Male Ethnic Background \_\_\_\_\_  
(Optional—for statistical purposes only)

Local Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Disability Related Information (THIS SECTION MUST BE COMPLETED FULLY)**

Disability Category (please check all that apply):

- |   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> ADD/ADHD                 | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mobility                     | <input type="checkbox"/> Deaf/Hard of Hearing     |                                |
| <input type="checkbox"/> Blind/Low Vision             | <input type="checkbox"/> Chronic Illness          |                                |
| <input type="checkbox"/> Psychological                | <input type="checkbox"/> Temporary Injury         |                                |
| <input type="checkbox"/> Neurological                 | <input type="checkbox"/> Autism Spectrum Disorder |                                |

Specific Diagnosis

Specific Accommodation Requested (**MUST BE INCLUDED**)

Military service      Yes                  No

**\*Please note that if you are requesting alternative testing facilities, it is the student's responsibility to schedule the test with SCDS, then confirm with the professor the time test will be taken (test must be completed within 48 hours of the scheduled class test). \*Tests can be scheduled up to ONE week in advance. Reasonable flexibility is expected with the scheduling of tests. SCDS can accommodate a set number of students testing a day.**

**I hereby give my consent for faculty members to be notified of my disabilities so that the agreed upon accommodations can be made. \_\_\_\_\_ Date \_\_\_\_\_**

**Academic Information:**

Academic Major \_\_\_\_\_ School/College: \_\_\_\_\_

Are you admitted to Mississippi College? \_\_\_\_ Yes \_\_\_\_ No

**Academic Status:**

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Incoming Student/Transfer (Anticipated Date of enrollment) _____ | <input type="checkbox"/> Junior   |
| <input type="checkbox"/> Freshman   | <input type="checkbox"/> Senior   |
| <input type="checkbox"/> Sophomore  | <input type="checkbox"/> Graduate |
|   | <input type="checkbox"/> Law      |

**Vocation Rehabilitation Information:**

Do you receive services from Vocational Rehabilitation or some other office of rehabilitation services? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide us with the name, address, and phone number of your VR counselor.

**Disability accommodation plans MUST BE UPDATED EACH SEMESTER  
Accommodations cannot/will not be given until professors are presented with accommodation letters by the student. Disability accommodations ARE NOT RETROACTIVE.**

**Disclosure Information:**

By completing and signing this intake application, the signer is voluntarily disclosing a disorder and requesting accommodations. Disclosure of a disorder at this time does not necessarily confirm eligibility status for services or accommodations. While the Office of Student Disability Service will make every attempt to quickly review all requests for accommodations, the verification process may take several weeks or longer, depending upon the comprehensiveness and currency of the documentation submitted.

All information submitted to this office is to be completely confidential and used only for the purposes of verification and in connection with this institution's commitment and obligation to students with disabilities. The student must provide written consent for disability information to be released to anyone (including parents).

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

_____	_____
(Student's Signature)	(Date)
_____	_____
(Staff's Signature)	(Date)

For office use: Type of Documentation Submitted: Disability Handbook emailed to Student:
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