



**METHODIST  
UNIVERSITY**  
Disability Services

Dear Student:

In order to establish eligibility for services and to enable us to work effectively in the provision of services, students must provide documentation of disability to Disability Services as outlined by our Student Manual. The records kept in our offices are strictly confidential and are **not** part of your academic record.

You are required to fill out and turn in to Disability Services a Student In take Form *before* receiving accommodations. In addition, once your documentation is complete, **for each semester** you request accommodations, you must register with the Director of Disability Services **prior to the start of that semester**.

These requirements are necessary so that Disability Services can respond appropriately to the individual needs of each student. Disability Services reserves the right to determine eligibility for services based on the quality of the submitted documentation. All documentation is confidential.

Students must be independently mobile or arrange to recruit, train, and pay a personal assistant. All students are expected to maintain all policies and standards of conduct set forth in the Methodist University Handbook.

I have read and understand the above policy and agree with the terms.

Student signature: \_\_\_\_\_

\*Name (print): \_\_\_\_\_

\*Date: \_\_\_\_\_

Return to:

Linda K. Szulc  
Director, Disability Services  
Center for Personal Development  
Methodist University  
5400 Ramsey Street  
Fayetteville, NC 20306  
(910) 630-7402  
FAX (910) 630-7263  
Email: [lszulc@methodist.edu](mailto:lszulc@methodist.edu)

## Student Intake Form

\*Today's Date: \_\_\_\_\_

\*Student Name: \_\_\_\_\_ \* Male:\_\_\_ Female:\_\_\_

\*Student ID #: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\*Complete Mailing Address:

\*Permanent: \_\_\_\_\_ \*Phone (\_\_\_\_) \_\_\_\_\_

\*Residence Hall & Room # \_\_\_\_\_ Phone \_\_\_\_\_

\*Cell Phone \_\_\_\_\_

**\*New Students:** please circle Admissions Status:

Application in Progress      Accepted      Accepted & Deposit made

\*Methodist school standing upon arrival: Freshman Sophomore Junior Senior

\*Beginning Semester: Fall Spring Summer Year \_\_\_\_\_

Expected date of graduation from Methodist University: \_\_\_\_\_

### **Current Students:**

Methodist current school standing: Freshman Sophomore Junior Senior

Expected date of graduation from Methodist University: \_\_\_\_\_

Field of Study or Major: \_\_\_\_\_ Current Advisor: \_\_\_\_\_

Do you use \_\_\_ a wheelchair (electric, manual, scooter) \_\_\_ an assistance animal  
\_\_\_ a cane \_\_\_ a speech communication device  
\_\_\_ adaptive equipment (please describe) \_\_\_\_\_

Are you taking any prescription medication (disability related)? Yes \_\_\_ No \_\_\_

\*In your own words, please describe your disability and how it impacts your education:

\*Please describe the onset of your disability (age and cause):

\*How do you cope with the limitations of your disability?

\*Is current documentation of your disability currently available? Yes \_\_\_ No \_\_\_

If yes, please provide as soon as possible. If no, please take appropriate action to obtain this documentation no later than the end of your first semester.

**All documentation should be submitted to Methodist University before the beginning of your first semester.**

**Educational Background**

Name and City of High School: \_\_\_\_\_

Check One: \_\_\_ Mainstreamed w/o accommodation  
\_\_\_ Mainstreamed w/ accommodation  
\_\_\_ Special Education Support Services (list services received)

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Previous College Attended and City: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

What type of support services did you receive: \_\_\_\_\_

\*Will you need support services from Methodist University? Yes\_\_No \_\_ Don't Know  
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If yes, please list the services you have received in the past and/or are interested in receiving at Methodist University. See Student Manual for information regarding reasonable accommodations.

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**Statement of Confidentiality**

All information provided to Disability Services is confidential. Only with written consent of the student will information be provided to appropriate offices when information has been deemed necessary to support the individual's educational and professional pursuits.

**Release of Confidential Information (Optional)**

I authorize Disability Services to release relevant information regarding my disability to persons who have legitimate educational need to know, and in order to arrange accommodations. Please designate any exception to this release:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If unable to sign form, please write the name of person signing for you: \_\_\_\_\_