



Student Intake Form

NAME _____ DATE _____

NSU ID # _____ DATE OF BIRTH _____

ADDRESS _____ PHONE _____

_____ CELL PHONE _____

NSU EMAIL ADDRESS _____

UNDERGRADUATE _____ GRADUATE _____ PROFESSIONAL _____

SCHOOL OR COLLEGE _____ MAJOR _____

PREVIOUS COLLEGES ATTENDED _____

All of the information provided to the Office of Student Disability Services is kept confidential and will only be shared with your permission with individuals directly involved in providing approved accommodations.

PLEASE IDENTIFY YOUR SPECIFIC DISABILITY (OR DISABILITIES):

Please **RETURN** this form with your documentation.
Use the back if you need more space.