



Office of Disability Services

STUDENT INTAKE FORM

21000 West Ten Mile Road C405
Southfield, MI 48075
Phone: 248.204.4100
Fax: 248.204.4115
Email: disability@ltu.edu

Student Information:

Name: _____

Preferred Name (Optional): _____

Pronouns: ☐ she/her/hers ☐ he/him/his ☐ they/them/theirs ☐ other (list here) _____

Banner ID: _____ LTU Email: _____

Address: _____ LTU Housing #: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Emergency Contact Information:

Name of Emergency Contact: _____

Relationship to Student: _____

Emergency Contact Phone: _____

Emergency Contact Email: _____

Academic Information:

Major: _____

Academic Standing: ☐ Dual Enrollment ☐ Freshmen ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate

Enrollment Status: ☐ Full Time ☐ Part Time Current GPA: _____

I understand that the accommodations for which I am requesting must be supported by proper documentation from a qualified individual. My signature authorizes the Office of Disability Services to discuss any pertinent information with my physician, testing clinic, instructors, or others.

Student Signature: _____ Date: _____