AccessAbility Services
Accommodation Intake Form

Alternate formats and/or readers/scribes are available upon request.

Personal Information:

Name:_____ **Date:**_____

Date of Birth:_____ **WCSU ID:**_____ **Cell #:**_____

WCSU Email: _____@wcsu.edu **Referred by:**_____
*your WCSU email address is the official form of communication for WCSU

Personal Email:_____

Gender Pronouns: ☐he/his/him ☐she/her/hers ☐they/them/theirs ☐Other _____

Semester Standing:_____ **Matriculated:**(Full-Time:☐ or Part-Time:☐) **Non-matric:**☐
(Fr, So, Jr, etc.)

Are you a transfer student? ☐ Yes ☐ No If yes, where did you transfer from: _____

Do you live on campus or commute? ☐ On Campus ☐ Commute

Permanent Address:_____
(Street, Town, State and zip code)

Are you a University Athlete? ☐ Yes ☐ No If yes, what team? _____

Are you a Military Veteran? ☐ Yes ☐ No

Emergency Contact Name (EC):_____ **Relationship:**_____

EC Cell #:_____ **EC Home #:**_____

How can AAS assist you? (Please check all that apply)

☐ to arrange for classroom and/or other accommodations and/or auxiliary aids
☐ to learn about the services available through the AAS or other campus resources
☐ to develop study skills
☐ to learn time management and organizational skills
☐ to acquire self-determination skills (self-advocacy, goal setting, problem solving)
☐ to learn how to use assistive technology
☐ other: _____

Over ⇨

AccessAbility Services
White Hall, Room 005, 181 White Street, Danbury, CT 06810
Phone: 203-837-8225 TTY: 203-837-3235 Fax: 203-837-8848 Email: AAS@wcsu.edu

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Background Information:

What is your documented disability/disabilities? _____

_____

What accommodations are you requesting at WCSU? _____

_____

_____

At what age or grade was your disability identified? _____ Age _____ Grade

Did you receive any academic assistance in high school? ☐ Yes ☐ No

If yes, what academic assistance did you receive? _____

_____

Please describe the impact of your disability or impairment and how it affects you in school and outside of the classroom: _____

_____

_____

What medication or treatments are you currently receiving? (include medication dosages if known):

_____

_____

Please share any other information that you feel would be helpful to AAS: _____

_____

_____

Are you a client of the Bureau of Rehabilitation Services (BRS)?

☐ Yes ☐ No If yes, location/counselor's name? _____

Are you receiving services from an area community resource?

☐ Yes ☐ No If yes, what agency? _____

Are you receiving services from other professionals in the community? (therapy, counseling, tutoring, etc.):

☐ Yes ☐ No If yes, who: _____

Have you used or are currently using an on-campus service? (counseling center, Choices, etc.):

☐ Yes ☐ No If yes, what office(s): _____

Authorization for Request or Release of Information

The Family Educational Rights and Privacy Act of 1974 (FERPA) is a federal law designed to protect the privacy of and limit access to the educational records of students. No one outside of Western Connecticut State University (WCSU) shall have access to nor will the University disclose any information from a student's educational records without the permission of the student unless such actions are covered by certain exceptions as stipulated in FERPA. Consent from the student is requested in advance with whom the student's confidential information and records may be released/shared, or from whom confidential information or records may be obtained. Confidentiality is not maintained in cases of child abuse, or suicidal/homicidal intent.

AccessAbility Services (AAS) works to preserve confidentiality of student information as required by applicable federal and state laws and regulations. AAS is the University agent charged with the responsibility for collecting and maintaining disability documentation. All information provided to AAS is kept in a confidential, secure file with limited access, including demographics, disability documentation, and records of each contact and action taken. Confidential information will only be shared within the institutional community if there is a compelling educational reason, such as a threat to an individual's safety and/or emergency situation or in order to provide reasonable accommodations.

I, _____, make the following authorizations regarding the release of information pertaining to me for the purpose of assisting me at WCSU, as well as in determining reasonable and appropriate accommodations. I understand that FERPA protects the privacy of my student educational records and information concerning my disability and/or request for accommodations cannot be released to anyone outside the university without consent unless otherwise permitted or required by law.

1. Permit AccessAbility Services to release disability-specific information to my WCSU faculty and staff.

   ☐ **Authorize** ☐ **Do Not Authorize**

2. Permit AccessAbility Services to contact my current treating physician, psychiatrist, therapist, case manager, and/or BRS, BESB, or other relevant state agencies to further discuss and/or obtain additional information regarding the nature of my medical condition, medical records, and history of treatment.

   ☐ **Authorize** ☐ **Do Not Authorize**

3. Permit AccessAbility Services to discuss academic, medical or personal information with my parents, guardians, and/or designated family member(s).

   ☐ **Authorize** ☐ **Do Not Authorize**

   Parent/Family member name(s): _____

I understand that these authorizations may be withdrawn at any time by me through a written, signed and dated request or by completing a new Authorization for Request or Release of Information. By signing this release, I acknowledge that information regarding my rights and responsibilities as a student with a disability at Western Connecticut State University is available at www.wcsu.edu/accessability.

_____	_____	_____
Print Name	Student Signature	Date