



Student Disability Services
Intake Form

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ - _____ - _____ EMAIL: _____

EVENING PHONE: _____ - _____ - _____ PTC EMAIL: _____@live.ptc.edu

DATE OF BIRTH: ____/____/____ P# : _____

Type of Disability:

Learning Disability / AO/HD
Physical Impairment
Psychological
Other _____

Hearing Impairment
Vision Impairment
Medical

What Accommodations are you requesting, or have you had in the past?

Major: _____

When do you plan to attend PTC? Fall Spring Summer 20____

Which PTC campus/site will you attend? _____

Vocational Rehab. Counselor (if any) : _____ Location: _____

Parent(s)/Legal Guardian(s) : _____

(Please print names in full)

I authorize Student Disability Services to discuss my documentation with the qualified professional who issued my documentation and/or Academic Advisor / Counselor / Parents(s) / Legal Guardian(s) / Vocational Rehabilitation Counselor / Financial Aid / Student Support Services / Grant Programs / Faculty Members / Administration / Tutoring Center.

Student Signature: _____ Date: ____/____/____