



DISABILITY SERVICES

PARTICIPANT PROFILE- INTAKE FORM

Last Name:	First Name:	M.
SID or UIN #		Date:
Home Address:		Campus Address:
City:	State:	Zip Code:
County:	Day Phone:	Email Address:
Emergency Contact:	Phone:	Date of Birth:

Do you have a declared major or have you filed a degree plan?

Yes

No

If yes, what is your major? _____

Disability/condition: _____

Documentation of disability: _____

DARS Counselor:	Phone:
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What reasonable accommodations do you suggest that we consider to help you succeed at PVAMU?

Student Signature _____ Date _____

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