

Intake Form



Fill out the Intake Form as instructed below to enter the records of Disability Support Services. Disability Support Services strongly recommends that you check your DigiPen email account at least once a day. Disability Support Services will send you important information to your DigiPen email account.

First Name: **Last Name:**
Date: **DigiPen Email:** **Phone Number:**
Local Address:

RELEASE OF INFORMATION

I understand that sharing information regarding my disability with other DigiPen employees, including, but not limited to, faculty and staff members, may be necessary to provide or permit approved class and test accommodations that are requested by me.

Student Signature: **Date:**

RELEASE OF INFORMATION WITH PARTIES OUTSIDE OF DIGIPEN

I give Disability Support Services permission to discuss my documented disability and any requested accommodations with the following people:

Parents
Psychologists
Doctor
DVR Counselor
Other

I give Disability Support Services permission to discuss the following:

Verification of documentation on file
List of agreed-upon accommodations and services while a student at DigiPen
Other:

This permission is granted until terminated by the undersigned in writing.

Student Signature: **Date:**