

The General Theological Seminary of the Episcopal Church
Student Disability Policy and Services
Intake Form

Demographic Data

Last Name: _____ First Name: _____ M: _____ Date: __/__/__

Birth Date: __/__/____ Email: _____

Local Address: _____

Permanent Address: _____

Primary Phone: _____ Cell #: _____

Sponsoring Diocese: _____

(Circle) Are you a student Veteran? YES or NO Are you an International Student? YES or NO

Student Status

Enrollment Status:

- | | | |
|---|--|---|
| <input type="checkbox"/> Applied | <input type="checkbox"/> Admitted | <input type="checkbox"/> Current Student/Enrolled |
| <input type="checkbox"/> Applied/Transfer | <input type="checkbox"/> Admitted/Transfer | <input type="checkbox"/> Leave of Absence (LOA) |

Degree Program:

- | | | |
|--|--|--|
| <input type="checkbox"/> Master of Divinity-Junior | <input type="checkbox"/> Master of Divinity-Middler | <input type="checkbox"/> Master of Divinity-Senior |
| <input type="checkbox"/> Master of Arts | <input type="checkbox"/> Master of Sacred Theology | <input type="checkbox"/> Doctor of Theology |
| <input type="checkbox"/> Certificate in _____ | <input type="checkbox"/> Diploma in Anglican Studies | <input type="checkbox"/> General Learner |

Disability Information

1. Please state your disability(ies):

Learning Disabilities:

- LD *specify:* _____
 ADD/ADHD *specify:* _____
 Other, *specify:* _____

Physical Disabilities:

- Visual Impairment/Blindness
 Mobility/Hand Function (Orthopedic)
 Deaf/Hard of Hearing
 Speech/Language Disorder
 Other Impairment, *specify:* _____

2. Please state the date of the original diagnosis: _____

3. Name of the Professional (s) treating the disability(ies) stated above with Contact Information:

Professional Name: _____

Professional Name: _____

Title: _____ Phone#: _____

Title: _____ Phone#: _____

Address: _____

Address: _____

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Disability Information, continued

3. Do have a letter or necessary paperwork from a Medical Professional substantiating your above stated disability **AND** attached to this form? (Circle) YES NO

A letter is necessary in order to give appropriate attention to your disability

4. Please describe how your disability affect you both outside and inside the classroom, including exam and studying situations: _____

5. Please state any specific and reasonable accommodations and/or Support Services recommended for the above situations that you request: _____

6. Any additional information you would like to share: _____

Release of Confidential Information Disclosure

I hereby authorize release of accommodation memos addressed to my current professors stating my reasonable accommodations. In addition, I give permission to release my academic and/or disability related information contained in my ODS file to the following: (Check off and initial all that apply)

_____ Housing & Campus Services

_____ Faculty, specific to each Term

_____ Financial Aid Office

_____ Registrar's Office

_____ Dean and President

_____ Faculty Advisor: _____

_____ Academic Dean/Sub-Dean

_____ Off-Campus Agencies: _____

I hereby authorize the Office of Disability Services of the General Theological Seminary of the Episcopal Church to release/receive necessary information deemed relevant to disability accommodation and ODS program eligibility at General Seminary. Information may include medical records or reports and/or psychological or psychoeducational assessments/records.

Student's Signature: _____ Date: ____/____/____

Forward all documentation of your disability to the office of Disability Services in order to be registered with ODS. Your registration with ODS is not complete until you meet with a Disability Counselor.