



THE GENERAL THEOLOGICAL SEMINARY
— OF THE EPISCOPAL CHURCH —

Student Disability 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:

Applied Admitted Current Student/Enrolled

Degree Program:

Master of Arts Master of Arts in Ministry Master of Arts in Spiritual Direction
 Master of Divinity Master of Sacred Theology Doctor of Ministry
 Certificate in _____ Diploma in Anglican Studies 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 understand that the Office of Disability Services (ODS) may share the information in my ODS file with any school official who has a “legitimate educational interest” as authorized by FERPA.

I also 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 the Registrar.