

# Student Accessibility Services Intake and Consent Form



Scan QR code for alternative  
electronic Intake Form

## Part I – Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Which is the best way to contact you?    Phone    Email    Text    Mail

Birthdate: \_\_\_\_\_

Program: \_\_\_\_\_

Campus Location:      Hays      Beloit

Referred to Student Accessibility Services by:

Are you a client of Vocational Rehabilitation Services (VR)? Yes No

If yes, please provide your Case Manager's name and contact information:

\_\_\_\_\_

## Part II – School History

High School Attended: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

What accommodations/support services did you receive in high school?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other colleges attended: \_\_\_\_\_ Dates attended: \_\_\_\_\_

What accommodations/support services did you receive while in college?

## FORT HAYS TECH NORTH CENTRAL

**BELOIT CAMPUS**  
3033 U.S. Highway 24  
Beloit, KS 67420  
785-738-2276

**HAYS CAMPUS**  
2205 Wheatland Ave.  
Hays, KS 67601  
785-625-2437

**FHTECHNC.EDU**

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**Part III – Disability Information**

Diagnosis: \_\_\_\_\_

Documentation: \_\_\_\_\_

Please describe how your disability impacts you in the classroom.

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**Part IV – Accommodations**

Please list any academic accommodations or support services that you would like to request at Fort Hays Tech | North Central.

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**Part V – Consent**

I \_\_\_\_\_, give written consent to initiate the Student Accessibility Services (SAS) process to determine possible identification for academic accommodations/services. I understand that information concerning my disability may be disclosed with other SAS staff and appropriate instructors that may be a part of the Educational Accommodation Plan (EAP) Team.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**FORT HAYS TECH NORTH CENTRAL**