

GEORGE MASON UNIVERSITY
DISABILITY RESOURCE CENTER
STUDENT INTAKE FORM

NAME: _____

DATE: _____

G#: _____

MAILING ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PERMANENT ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE:

HOME: _____ CAMPUS: _____

CELL: _____ EMAIL: _____

MAJOR: _____

CHECK ONE:

Freshman: ___ Sophomore: ___ Junior: ___ Senior: ___ Law Student: ___ Graduate: ___

NATURE OF DISABILITY: _____

ACCOMMODATIONS REQUESTED: _____

DO YOU CURRENTLY USE ASSISTIVE TECHNOLOGY? (Specify) _____
