

## Student Accessibility Services

New Mexico State University \* MSC 4149 P.O. Box 30001 \* Las Cruces, New Mexico 88003-8001  
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[SAS@NMSU.EDU](mailto:SAS@NMSU.EDU)



### STUDENT INTAKE FORM

This form is for registering with the Student Accessibility Services (SAS) office in order to receive appropriate support for your disability while attending NMSU.

Students requesting services must also provide documentation of a disability. This means that you must provide an appropriate diagnosis of your disability in the form of a detailed report of the diagnosis from a licensed practitioner (See the reverse side of this document for example). Your diagnosis along with your needs will be discussed between you and the SAS coordinator.

Banner ID #: \_\_\_\_\_ Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_  
 Male  Female

Class/Year: \_\_\_\_\_ Major: \_\_\_\_\_

☎ Phones- Cell: \_\_\_\_\_  
Local: \_\_\_\_\_  
 Local Address: \_\_\_\_\_  
(City, state, zip code)

Other Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Preferred mode of contact:  call cell  text cell\*\*  local phone  other phone  e-mail  \*\*I  DO  DONOT give SAS staff permission to text my cell phone.

◆ I am **NOT** registered to vote and would like to register in this office  YES  NO .

Have you ever been diagnosed with a disability?  YES  NO If YES, please specify your disability:

\_\_\_\_\_

If NO, please describe the problems you are having in class: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If applicable please list the name, address, and phone number of your state Vocational Rehabilitation Counselor (i.e. NM DVR, NM Commission for the Blind, etc.) of which you are a client.

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

I, the undersigned, authorize Student Accessibility Services to contact relevant campus personnel to share information pertaining to my accommodations for the purpose of coordinating appropriate support services and determining any necessary academic adjustments.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE ONLY

**Documented Disability:**

- Learning Disability    ADD/ADHD    Psychological    Deaf    Hard of Hearing  
 Autism/Asperger's Syndrome    Blindness    Visual Impairment  
 Physical or Other Health Impaired \_\_\_\_\_

**Reasonable Accommodations**

**Classroom:**

- Tape Record Lectures    Note taker    Printout of Lecture Notes/PowerPoint slides  
 Sign Interpreter    FM System    Accessible Table    Accessible Chair    Preferential Seating  
 Books on CD    Print Handouts in Larger Font    Adaptive Technology \_\_\_\_\_  
 Frequent Breaks from Class

**Examinations:**

- Private Testing area    Test Reader    Test Scribe    Adaptive Technology    Print Test in Larger Font  
 1.5 Extended Time    2.0 Extended Time

Examples of professionals who can supply appropriate documentation of a disability

<b>Licensed Practitioner</b>	<b>What they can diagnose</b>
Educational Diagnostician	Learning Disabilities
Psychologist/Psychiatrist	Learning Disability, ADD/ADHD, Psychological
Audiologist, Otolaryngologist (ENT)	Hearing Disorder
Physician	Physical or Other health impairment, ADD/ADHD