

University of Arkansas - Fort Smith  
Student ADA Services

**ACCOMMODATION REQUEST FORM**  
**Intake Interview Worksheet**

Today=s Date: \_\_\_\_\_

Current College Level: Fr So Jr Sr Other \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

**BIOGRAPHICAL INFORMATION**

Name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_  
Last, First, Middle Initial

SSN or Student ID#: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PERMANENT ADDRESS (if different): \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
Name Phone

<b>POTENTIAL DISABILITY</b>	<b>DATE OF ONSET/DIAGNOSIS</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Please Complete Back

Are you registered with the Arkansas Department of Rehabilitation? \_\_\_\_\_

If yes, who is your counselor? \_\_\_\_\_

**ACCOMMODATIONS**

1. Please list any reasonable accommodations that you have received in the past.

---

---

---

2. Please note any additional information that may assist Student ADA Services in providing you with reasonable accommodations.

---

---

---

Completed by: \_\_\_\_\_

Please Remit to:

University of Arkansas - Fort Smith  
Student ADA Coordinator  
5210 Grand Avenue, Vines 106  
Fort Smith, AR 72913-3649