

STUDENT INTAKE FORM

FOR OFFICE USE ONLY		
Complete Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Partial Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Received:		
EMER Code(s):		
Date Coded:		
Entered By:		

I. General Information						
First Name		Middle Initial		Last Name		
HCC ID Number			Date of Birth			
Street Address/City/State/Zip						
Home Telephone				Cell Phone		
HCC E-Mail @hawkmail.hccfl.edu				Other E-Mail		
CAMPUS	Brandon <input type="checkbox"/>	Dale Mabry <input type="checkbox"/>	MacDill <input type="checkbox"/>	Plant City <input type="checkbox"/>	SouthShore <input type="checkbox"/>	Ybor <input type="checkbox"/>
II. Please complete if you receive services from one or more of the following agencies						
AGENCY		CONTACT INFORMATION/COUNSELOR NAME AND NUMBER				
Vocational Rehabilitation						
Division of Blind Services						
Veterans Affairs						
Recording for the Blind & Dyslexic						
Other						
III. Documented Disability(s)						
<hr/> <hr/>						
IV. Accommodations/Services Requested (Ex: Tape Recorder, Extended Test Time)						
<hr/> <hr/>						
<p><i>*Note: Accommodations and/or Services requested are considered but not guaranteed. Accommodations and/or Services are determined on an individual basis by the Office of Services for Students with Disabilities, based on the documentation provided and the documented disability.</i></p>						
Student Signature				Date		