



Student Accessibility Services Intake Form

East Falls
Kanbar 102D
215.951.6830

Center City
1120 Edison
215.503.6335

Date: _____

Current Semester: _____

Contact Information

Name: _____

Student ID or Campus Key: _____

Email: _____

Home Address: _____

School Address: _____

Home/Cell Phone: _____

Previous Institutions (if applicable)

Name of Previous Institution(s):

Accommodations Received at previous institution(s):

Campus Affiliation

Campus (East Falls, Center City, Abington, etc): _____

College or School: _____

Program: _____

Release of Information

I, _____, give the staff from Student Accessibility Services permission to disclose and discuss information regarding my need for accommodations, including medical or personal health information to faculty and staff directly involved in reviewing, determining and providing accommodations at the University.

Additional persons authorized to receive information (e.g. parents) include:

I understand this information will be maintained in a confidential manner and this release will remain active unless I withdraw it. I understand I have the right to withdraw this release at any time by providing written notice of withdrawal to The Office of Student Accessibility Services. I understand that any future withdrawal will be effective as to future disclosures only and that the University cannot recover information once it has been released.

Signature:

Date:

Please submit this form to:

East Falls: Zoe Gingold, Director, Office of Student Accessibility Services, Kanbar 102D,
215.951.6830, TJU_EF_accessibilityservices@jefferson.edu

Center City/Abington: Jennifer Fogerty, Associate Provost of Student Affairs, 130 S. 9th
Street, Suite 1800, 215.503.6335, TJU_CC_AccessibilityServices@jefferson.edu