



Student Accessibility Support Center (SASC)
 Stony Brook Union Suite 107
 (P) 631-632-6748
 (F) 631-632-6747
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stonybrook.edu/sasc

Student Intake Form

Personal Information			
Name:		Preferred Name:	
Student ID#		DOB:	
Pronouns:			
SBU Email:		Alt. Email:	
Cell Phone:		Alt. Phone:	
Local Address:			
Permanent Address:			
Major/Program:			
Check all that apply	Veteran <input type="checkbox"/> International Student <input type="checkbox"/> Transfer Student <input type="checkbox"/>		
Emergency Contact			
Name:			Relationship:
Cell Phone:			Alt Phone:
Academic Information			
Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral <input type="checkbox"/> Other <input type="checkbox"/>			
Disability Information (Check all that apply)			
<input type="checkbox"/> ADHD/ADD		<input type="checkbox"/> Mental Health Disability	
<input type="checkbox"/> Allergy		<input type="checkbox"/> Mobility Impairment	
<input type="checkbox"/> Autism Spectrum Disorder		<input type="checkbox"/> Neurological Condition	
<input type="checkbox"/> Brain Injury/ TBI		<input type="checkbox"/> Post- Traumatic Stress Disorder(PTSD)	
<input type="checkbox"/> Deaf/Hard of Hearing		<input type="checkbox"/> Speech & Language Impairment	
<input type="checkbox"/> Learning Disability		<input type="checkbox"/> Temporary (specify)	
<input type="checkbox"/> Medical		<input type="checkbox"/> Visual Impairment	
<input type="checkbox"/> Other (Please Specify)			

Disability and Current Impact	
Please describe how your disability currently impacts you in academic settings:	
Please describe how your disability currently impacts you in Social/Personal settings:	
Accommodations	
What accommodations have you previously used?	
Please list the accommodations you are requesting	
If applicable, please list any adaptive technology you will be using	

Signature		Date	
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