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Disability Accommodations Intake Form

Office of Student Affairs

1120 Edison Building

215-503-6335

Contact Information

1. Name: _____

2. Phone:

Cell _____

Home _____

3. Local Address: _____

4. Email Address: _____

5. Campus Key: _____

Previous Institutions

1. Name of previous institution(s):

2. Accommodations received at previous institutions:



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Campus Affiliation

Graduate School of Biomedical Sciences
School of Health Professions
 Bioscience Technologies
 Couple & Family Therapy
 Occupational Therapy
 Physical Therapy
 Physician Assistant
 Professional and Continuing Studies
 Radiologic Sciences
School of Nursing
 BSN
 MSN
 DNP
School of Pharmacy
School of Population Health
Sidney Kimmel Medical College

Disability Accommodations

Please indicate your disability, check all for which you are seeking accommodation:

ADD/ADHD
Hearing Impairment
Learning Disability
Medical/Physical Condition
Psychological/Psychiatric Condition
Visual Impairment
Other



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Describe how the learning environment impacts your disability and your academic experience.

What specific accommodations are you requesting at Thomas Jefferson University?

Please provide any additional information that might be helpful in processing your accommodation request:



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Release of Information

Release of Information

I, _____, give the staff of Student Affairs 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 Thomas Jefferson 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 Jennifer Fogerty, Assistant Provost for Student Affairs. I understand that any future withdrawal will be effective as to future disclosures only and that Thomas Jefferson University cannot recover information once it has been released.

Signature: _____

Date: _____

Please submit this form to Jennifer Fogerty, MEd, Assistant Provost for Student Affairs, 1120 Edison Building, 215-503-6335, jennifer.fogerty@jefferson.edu.