



## Disability Resource Center

Biscayne Bay • University Park

### Student Intake Form

Panther ID: \_\_\_\_\_

#### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *Middle Name*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

FIU E-mail Address: \_\_\_\_\_

Current Academic Level & Major: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender (check one):  Male  Female

Ethnicity: \_\_\_\_\_

Check all that apply:  US Citizen  Veteran  Athlete

#### Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

#### Information Release

I hereby give Florida International University's Disability Resource Center permission to obtain and/or release information pertaining to my physical, mental or educational status. I understand that this is necessary in order to arrange accommodations such as auxiliary aids, services, and/or other assistance as per my request. I further give permission to the Disability Resource Center to release appropriate information about my disability to professors or other university personnel, for the purposes of education programming only. I understand that I may void this release at any time through written notice to the Disability Resource Center.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date