



Counseling and Wellness Center  
1 Drexel Drive • Box D  
New Orleans, Louisiana 70125-1098  
(504) 520-7315 • FAX (504) 520-7943  
Office of Disability Services

## Office of Disability Services Accommodation Request Intake Form

### PERSONAL INFORMATION

Check all that apply

Type of Accommodation Request:  Academic  Housing  Dining Request Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ ID # \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Contact # \_\_\_\_\_ XU email \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_ Contact # \_\_\_\_\_

### ACADEMIC INFORMATION

Freshman  Cont. Freshman  Sophomore  Junior  Senior COP  P1  P2  P3  Grad School  Other \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

### DISABILITY INFORMATION

Check all that apply: Is Condition:  Permanent  Temporary

ADD / ADHD  Learning Disability  Visual Impairment  Hearing Impairment  Allergies  Speech Impairment  Physical Impairment  Asthma  
 Mobility Impairment  Chronic / Acute Illness \_\_\_\_\_  Psychological/Psychiatric Condition \_\_\_\_\_  Other \_\_\_\_\_

What accommodations are you requesting? \_\_\_\_\_

Do you have current documentation today?  Yes  No Current Medications \_\_\_\_\_

Describe how your disability affects your living and/or eating (Housing and Dining only) \_\_\_\_\_

**Accommodations will be granted once ALL current documentation and Accommodation Agreement Forms have been submitted**

All documentation for ADD / ADHD and learning disabilities must be within 3 years prior to the date of the most recent request from disability service. All documentation for medical, mental, or emotional disabilities, (disorders, illnesses, or condition) **must** be updated annually. **Please note that any requests for single room housing, you will be assessed at the single room rate. See Office of Housing and Residence Life for further information on rates and fees.**

**ODS does not provide copies of documentation.** This information should be obtained from the originator of the documentation. ODS will retain a copy of all information within a student's file for **five (5) years**. Once the student is considered inactive for five years, the file may be destroyed.

I certify that the information provided is true to the best of my knowledge. I understand that this information and all documentation are confidential and will be separate from your academic student file and used as needed to provide accommodations for me at Xavier University of Louisiana.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



**XAVIER UNIVERSITY OF LOUISIANA**  
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## Release of Information Consent Form

I, \_\_\_\_\_, hereby understand that by signing this form, I authorize the Office of  
(Student's Name)  
Disability Services (ODS) to disclose pertinent medical, psychological, educational information concerning the above-named individual to **University Officials, Deans, Medical Personnel, and Instructors.**

In agreement with this request, I hereby release and forever discharge and agree to hold harmless and indemnify Xavier University of Louisiana, Xavier University of Louisiana Counseling & Wellness Center administration and staff and all other office agents and employees of the University from any and all claims, demands, damages, actions or suits of law or in equity of whatever kind may arise in accordance with my request.

I have read this agreement, and fully understand. I do freely, voluntarily, and without coercion agree to those terms contained herein.

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name \_\_\_\_\_

Contact # \_\_\_\_\_

Student ID # \_\_\_\_\_