



HAWAI'I PACIFIC
UNIVERSITY

Student Intake Form

Accessibility Services
Center for Academic Success
1060 Bishop Street, Suite 602 (LB Bldg)
Honolulu, Hawai'i 96813-2882
Telephone: (808)544-1197
Fax: (808) 544-1170
Email: access@hpu.edu

Personal Information

Name		Student #	
-----		-----	
Local Address		Permanent Address	
<i>Street</i>		<i>Street</i>	
<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>City</i>
			<i>State</i>
			<i>Zip Code</i>
Phone Numbers		E-mail Addresses	
Cell Phone:		HPU: ----- @hup.edu	
Alternate Phone:		Alternate E-mail:	
Are you a Veteran?		Are you an International Student?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Transfer Student?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Emergency Contact

Name:	Relationship:
Cell Phone:	Alternate Phone:

Academic Information *(please check below)*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freshman	Sophomore	Junior	Senior	Masters	Certificate	Professional	Other
Undergraduate:							
		<i>Date of Enrollment at HPU</i>	<i>Degree</i>	<i>Anticipated Date of Graduation</i>			
Graduate / Professional:							

Disability Information (please check all that apply)

<input type="checkbox"/> Mobility Impairment	<input type="checkbox"/> Deaf & Hard of Hearing
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Asperger / Autism
<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Post Traumatic Stress Disorder (PTSD)
<input type="checkbox"/> Psychological / Emotional Disability	<input type="checkbox"/> Neurological Condition
<input type="checkbox"/> Medical	<input type="checkbox"/> Allergy
<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Speech & Language Impairment
<input type="checkbox"/> ADD / ADHD	<input type="checkbox"/> Temporary (specify)
<input type="checkbox"/> Other (please explain)	

Please describe in your own words your disability / disabilities and how it affects your ability to function on a university campus.

Accommodations

What accommodations have you previously used?

Please list the accommodations and services you are requesting.

If applicable, please list any adaptive technology you will be using.

How Did You Learn About Our Services?

<input type="checkbox"/> Website	<input type="checkbox"/> Physician	<input type="checkbox"/> Instructor
<input type="checkbox"/> Another Student	<input type="checkbox"/> High School / College	<input type="checkbox"/> Literature
<input type="checkbox"/> Parent	<input type="checkbox"/> Rehabilitation Agency	<input type="checkbox"/> Other (please explain)

Signature

Date