



HASKELL INDIAN NATIONS UNIVERSITY • 155 Indian Avenue, Lawrence, KS

STUDENT ACCESSIBILITY SUPPORT SERVICES
VOLUNTARY INTAKE FORM
(all information is voluntary and optional)

Name: _____

Today's date: _____

Date of birth: _____

Haskell email: _____

Personal email: _____

Phone: _____

Is it OK to text this number? (yes) (no)

Dorm: _____

Mailbox number: _____

Local mailing address (if off campus): _____

Declared disability: _____

Supports that have worked well in the past: _____

Supports I would like to have: _____

