

**PEPPERDINE UNIVERSITY  
DISABILITY SERVICES OFFICE  
STUDENT INTAKE FORM**

Information provided in this request will be treated as confidential information. Even if you are submitting additional documentation along with the request, it is important you respond to all the questions as best you can and sign the last page. If you need assistance, please seek help from the DSO staff.

Name \_\_\_\_\_ Date \_\_\_\_\_

Local/School Address \_\_\_\_\_  
\_\_\_\_\_

Permanent Home Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

Seaver \_\_\_\_\_ GSBM \_\_\_\_\_ GSEP \_\_\_\_\_ SPP \_\_\_\_\_ SOL \_\_\_\_\_

Seaver Enrollment Status (Freshman, Sophomore, Junior, Senior): \_\_\_\_\_

Graduate: Program Name \_\_\_\_\_

1. What is the nature of the impairments for which you are requesting services?

Check any that apply.

Learning Disorder  Attention Deficit Disorder

Hearing Impairment  Visual Impairment

Physical Limitation  Psychiatric Disorder

Other (please specify) \_\_\_\_\_

2. Please briefly describe your current impairment and any relevant diagnosis.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. When were you first diagnosed with the condition you consider disabling? If there is more than one condition, please list them separately.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe how your impairment(s) impact(s) your functioning. \_\_\_\_\_

---

---

---

---

5. What accommodations are you requesting at Pepperdine University?

---

---

---

---

---

6. Describe in detail the accommodations you have received in the past, including the nature of the accommodation(s), the names of providing institutions, and the dates provided.

---

---

---

---

---

---

---

---

7. When, where, and by whom were you most recently evaluated/treated for the condition(s) that cause your impairment? Please indicate the title and credential of the evaluating professional.

---

---

---

Thank you for your cooperation. You will find specific information on our website, [www.pepperdine.edu/disabilityservices](http://www.pepperdine.edu/disabilityservices), about the type of documentation necessary for each type of impairment. If you have any questions, please contact us directly at 310-506-6500.

A review of your documentation relating to your request will not be commenced until this form and all supporting documentation have been received. We do not review materials until your file is complete. Upon receipt of all documentation, your file will be reviewed, a process that typically takes no less than 14 days. PLEASE DO NOT SEND ORIGINAL COPIES OF DOCUMENTATION. WE DO NOT RETURN MATERIALS ONCE SUBMITTED.

By signing below, you are initiating your request to be established as a student with a disability in accordance with federal and state regulations.

\_\_\_\_\_  
Student initials

\_\_\_\_\_  
Date