



XAVIER UNIVERSITY OF LOUISIANA
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 _____



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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 # _____