



Academic & Student Affairs

Disability Resource Center

DRC Student Intake Form

Personal Information

Full Name: _____ Panther ID: _____
Last First Middle Initial

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Mobile Phone: () _____ Alternate Phone: () _____

FIU E-mail Address: _____

Current Academic Level & Major: _____

Birth Date: _____ Gender (check one): ☐ Male ☐ Female ☐ Prefer not to disclose

Ethnicity: _____ Check all the apply: ☐ Veteran ☐ Athlete ☐ Voc. Rehab

Emergency Contact Information

Full Name: _____
Last First

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Information Release

I hereby give Florida International University's Disability Resource Center permission to obtain and/or release information pertaining to my physical, mental or educational status. I understand that this is necessary in order to arrange accommodations such as auxiliary aids, services, and/or other assistance as per my request. I further give permission to the Disability Resource Center to release appropriate information about my disability to professors or other university personnel, for the purposes of education programming only. I understand that I may void this release at any time through written notice to the Disability Resource Center.

Student Signature

Date