



## Student Intake Form

This form is to be completed by all students who are new to Student Accessibility Services (SAS)

Please Print

UCN Student #	First Name	Last Name	Preferred Name
Birthdate (month/day/year)	UCN Email:		Alt. Email:
Phone	Alternate Phone	Campus	
Program of Study		Faculty	
Declared Disability on Application Form <input type="checkbox"/> Yes <input type="checkbox"/> No		Awareness of Release of Information Form (Consent for Disclosure) <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Supporting Documentation

All requests for accommodations must be supported by medical documentation which is available at [ucn.ca](http://ucn.ca) by clicking *Accessibility* or emailing [accessibility@ucn.ca](mailto:accessibility@ucn.ca) to request an email copy of the form

### **My Medical Documentation:**

- has already been forwarded to SAS
- is attached to this New Student Intake Form
- will be mailed or faxed to SAS
- other: \_\_\_\_\_

### Student Status

Please **check** the appropriate statement below to describe your student status. (Choose one)

- I will be entering UCN for the **first time** this \_\_\_\_\_ fall (or) \_\_\_\_\_ winter.
- I am a **current student** at UCN who would like to register with SAS.  
I am in this program: \_\_\_\_\_ and am taking \_\_\_\_\_ courses.
- I am a **transfer student**.

Reach Us At: [Accessibility@ucn.ca](mailto:Accessibility@ucn.ca)

