

**ADA Office**

North Platte Community College  
Vocational/Technical Campus  
1101 Halligan Drive  
North Platte, NE 69101

Toll Free -- 800-658-4308 ext. 3637  
(308) 535-3637



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

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**Student Intake Form**

Name \_\_\_\_\_

SS# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_  Male  Female

Program/Major \_\_\_\_\_

High School of Graduation/GED \_\_\_\_\_

Graduation Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Person completing this form :

\_\_\_\_\_  
NAME RELATIONSHIP TO STUDENT

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SIGNATURE OF ABOVE PERSON

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**Disabling Condition** (Check all that apply)

Specific Learning Disability  Visually Impaired  Orthopedically Impaired  Head Injury

Emotional Disability  Hearing Impaired  Speech Impaired  Physical/Health

Other, Please Explain \_\_\_\_\_

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**Disability Documentation**

Special Education Services last received at \_\_\_\_\_ Date \_\_\_\_\_

Elementary School  Junior High  Senior High

For Information from this school contact \_\_\_\_\_  
Position \_\_\_\_\_

Please list any Agencies or Service Providers that may have information regarding your disability:

Agency/Provider \_\_\_\_\_ Agency/Provider \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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**Accommodations requested while attending classes:** (Check all that apply)

- Wheel Chair       Cane/Crutches/Walker       Note taker/Tape Recorder       Testing Accommodations  
 Medical Parking       Software Accommodation       Interpreter       Guide Dog  
 Reader       Tutor       Writer       Other \_\_\_\_\_

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**Release of Information**

Date Signed \_\_\_\_\_

I, \_\_\_\_\_, Hereby grant permission to the Educational Support Services/Special Populations Office(s) of Mid Plains Community College, to release academic, social, psychological, medical, vocational or other confidential information to \_\_\_\_\_. This information will be used professionally for the purpose(s) of documentation of a disability and/or provision of support services or accommodation.

\_\_\_\_\_  
Signature of Student, Parent, or Guardian      Relationship to Student      Date

\_\_\_\_\_  
Signature of MPCC Employee      Date