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STUDENT SUPPORT CENTER INTAKE FORM

T 2300 / Phone: 612-659-6709

Why do I need to fill out this form?

The Student Support Center is funded by grants which require us to collect general information on students using our services. By completing this form each academic year, you are helping us receive the necessary funding to continue providing support to Minneapolis College students. Thank you!

- If you need a Resource and Referral – Please complete the Resource and Referral Form.
- If you need the Student Parent Center – Please visit T1000 to register.

Please note all communications are sent to your Minneapolis College issued email address.

INFORMATION ABOUT YOU

Last Name:

First Name:

Middle Initial:

Tech ID:

Phone Number:

Okay to leave voicemail?
The Student Support Center
cannot send text messages.

Yes

No

Preferred Name (if different):

Pronouns – How do we refer to you?

Gender – Please check all that apply.

Male

Female

Nonbinary

Two-Spirit

My Description

Prefer not to answer

EMERGENCY CONTACT INFORMATION

Name:

Phone:

Relationship to you:

Minneapolis College will not discriminate against any person because of race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation, or status with regard to public assistance or membership in a local commission. Minneapolis College prohibits sexual harassment and sexual violence.

INFORMATION ABOUT HOW WE MAY BETTER SERVE YOU

How did you find out about the Minneapolis College Student Support Center?

Self – Referral	Accessibility Resources Center
Boynton Health Services	Email
Friend/Family	Academic Advisor
Minneapolis College Student	Other Employee
Website	Other

What brings you to our office? Please check all that apply

Childcare	Transportation Assistance
Food Assistance	Internal Resources
Housing Assistance	External Resources

Have you experienced any of the following within the last 12 months? Please check all that apply.

Bullying	Drug or Alcohol Abuse
Domestic Violence	Sexual Violence

Are you a parent or guardian of minor children?

Yes No

If Yes, what are your children's ages? Please list only the ages of children under 18.

Are you currently homeless or highly mobile?

Yes No

Are you now serving, or have you ever served in the United States armed forces?

Yes No

Number of family members in household?

In the space below, please provide any additional information that we should know.

Student Signature:

Date: