



Student Application for Disability Accommodation Services

Today's Date: _____

Name: _____ Student ID#: _____
Last, First MI

Mailing Address: _____ City, State Zip: _____

E-Mail Address: _____ Date of Birth: _____

Home Phone: _(_____)_____ Work/Cell Phone: _(_____)_____

Program of Study: _____ CAS, AAS, AA, AS, BAS, BA, BS, Master's
(Circle One)

Are you a client of Department of Vocational Rehabilitation? _____ Yes _____ No

Voc Rehab Counselor's Name: _____

Please describe your disability: _____

What auxiliary aids, accommodations, or academic adjustments are necessary in order for you to obtain equal access to educational programs and activities at MSU-N?

Signature

Date

Application is not complete until the school receives adequate documentation of the disability.

I hereby authorize MSU-Northern Disability Services to release copies of my Disability Documentation to MSU-Northern's Student Support Services (SSS) for the purpose of enrolling with SSS.

Signature

Date

PO Box 7751 Havre, MT 59501 • (406) 265-4133