



**Accessibility Resources**

**STUDENT APPLICATION FOR SERVICES**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

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  
(please circle one)

Are you a client of Dept. Of Vocational Rehabilitation? YES or NO

Voc Rehab Counselor's Name and Location: \_\_\_\_\_

Please list/describe your disability: \_\_\_\_\_

What accommodations are necessary in order to obtain equal access to educational programs and activities at MSU-Northern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Application is NOT complete until adequate documentation of disability is provided\*\***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, hereby, authorize MSU-Northern Accessibility Resource Services to release copies of my disability application to MSU-Northern Student Support Services (SSS) for the purpose of enrollment into their program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_