



**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?

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**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.

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**Signature**

**Date**

PO Box 7751 Havre, MT 59501 • (406) 265-3776