Missouri University of Science and Technology is committed to providing quality education for all individuals. If you have a permanent or temporary disabling condition that may require special attention or services, please complete this form. Doing so is voluntary, and all information will be kept confidential. Information about Disability Support Services and the required disability documentation, will be sent to individuals who complete this form and anyone else who requests such information.

Name: ________________________________
LAST                                                                                 FIRST                 M.I.

Email: ________________________________

Address: ________________________________
STREET ADDRESS                                                                                                               APT 

CITY                                                                                                    STATE                                       ZIP

Missouri S&T Student Number: ________________________________

Phone: ________________________________

I will be enrolled at Missouri S&T for the [check one]:

_____ Fall     _____ Winter     _____ Summer     20_____ Semester

I will be enrolling as a [check one]:

_____ First-time Freshman
_____ Transfer
_____ Graduate
_____ Currently Enrolled Student

Type(s) of disability: _____ AD/HD       _____ Mobility _____ Visual       _____ Other:
[check all that apply]

_____ Hearing _____ Learning Disability

Are you receiving State Vocational Rehabilitation Agency services?     _____ Yes     _____ No

Comments:

Return completed form to:

Disability Support Services                     Phone: 573.341.4211
Missouri University of Science & Technology       TTY: 573.341.6645
203D Norwood Hall    320 W 12th Street       Fax: 573.341.6179
Rolla, Missouri 65409-0950                        dss@mst.edu