

Disability Support Services

Post-Admission Self-Identification Form
Voluntary Declaration of Disability http://dss.mst.edu

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:			
l	AST	FIRST	M.I.
Email:			
Address:			
STRI	EET ADDRESS		APT#
CITY		STATE	ZIP
Missouri S&T Student N	umber:		
Phone:			
I will be enrolled	at Missouri S&T for th	ne [check one]:	
F	fall Winter	Summer	20 Semester
T	rirst-time Freshman	lent	
[check all that apply]		Mobility Visual	Other:
	Hearing		
Are you receiving State	Vocational Rehabilitati	on Agency services?	Yes No
Comments:			
Return completed form t	o:		
Disability Support Services		Phone: 573.341.4211	

TTY: 573.341.6645

Fax: 573.341.6179

dss@mst.edu

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