

Disability Support Services - Student Application

Please note that your request for services will not be reviewed until a completed application and documentation are received by the DSS office. Documentation and evaluation information will not be released without the signed consent of the student or under compulsion of legal process.

Personal Information			
Today's Date:	MSU Start Term:	Requested Services Start Term:	
Name _____			
First	Middle	Last	Preferred Name
Student ID:	Birth Date:	Gender:	
Contact Information			
Cell phone:		Home Phone:	
Email:			
Local Address			
Local address:			MSU residence hall?
City:	State:	Zip:	
Permanent Address			
Permanent address (if different than local):			
City:	State:	Zip:	
Additional Information			
Primary Disability:			
<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Blind/Visual	<input type="checkbox"/> Chronic Health
<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Neurological/Cognitive	<input type="checkbox"/> Other
<input type="checkbox"/> Physical	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Speech/Language	
Other Disability or Comment:			
Seeking Degree:		Major:	
Affiliation(s): <input type="checkbox"/> Department for Blind Services <input type="checkbox"/> Department for Assistive and Rehabilitative Services (DARS) <input type="checkbox"/> Disability Social Security <input type="checkbox"/> Veterans Affairs <input type="checkbox"/> Other _____			
Ethnicity(ies): <input type="checkbox"/> African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Other _____			

Campus Location(s): Distance Education Dual Credit Campus Main Campus Flower Mound

What accommodations have you previously used, if applicable?

Please list the accommodations and services you are requesting. Please note: Accommodations must be supported by documentation submitted to the office.

Physician's and/or Therapist's Name and Address:

Date of diagnosis:

Medications (please list all medications you are currently taking):

I understand that in order for the DSS office to verify my disability DSS must obtain pertinent student evaluations, psychological reports, transcripts, and medical reports. I understand that no one other than DSS personnel has immediate access to my DSS files, and that any information regarding my disability shall be considered confidential and will only be shared with on a need-to-know basis.

Agree

Additional Note or Comment:

How did you learn about DSS services?

- ADA statement on course syllabus Adult rehabilitation agency Another student College instructor
 College staff High school College catalog/course schedule Parent Self Website
 Other _____

Emergency Contact (please include relationship, address, phone, and email):

What is the best way to contact you? Email Cell Phone Home Phone Other: _____

Midwestern State University
Disability Support Services
<http://msutexas.edu/student-life/disability>

Clark Student Center 168
3410 Taft Blvd
Wichita Falls, TX 76308

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disabilityservices@msutexas.edu