MIDWESTERN STATE UNIVERSITY

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:	Preferred Pronouns:

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:

☐ Attention Deficit Disorder ☐ Autism Spectrum Disorder ☐ Blind/Visual ☐ Chronic Health
☐ Deaf/Hard of Hearing ☐ Learning Disability ☐ Neurological/Cognitive ☐ Other
☐ Physical ☐ Psychiatric ☐ Speech/Language

Other Disability or Comment:

Current Employment: Hours per Week:

Seeking Degree:	Major:

Affiliation(s): ☐ Department for Blind Services ☐ Department for Assistive and Rehabilitative Services (DARS)
☐ Disability Social Security ☐ Veterans Affairs ☐ Other ________________________

Ethnicity(ies): ☐ African American ☐ Asian or Pacific Islander ☐ Caucasian ☐ Hispanic/Latino
☐ Multi-Racial ☐ Native American ☐ Other ________________________

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

What accommodations have you previously used, if applicable?

Please describe your disability and how it has helped or hindered your academic progress and your daily living activities to date. Also list the accommodations and services you are requesting.

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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Fax: 940-397-4180
disabilityservices@msutexas.edu