

# STUDENT DISABILITY SERVICES

## Application For Services

**\*\*\*Please Complete**

### **Section 1:**

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ ID # \_\_\_\_\_

Current Local Address: \_\_\_\_\_

Current Local Phone Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Permanent Phone Number: \_\_\_\_\_

### **Section 2:**

**\*\*\*Appropriate documentation of your disability must be included with this application to qualify for services.**

#### **Disability:**

- \_\_\_\_\_ Cognitive (L.D., TBI)
- \_\_\_\_\_ ADD/ADHD
- \_\_\_\_\_ Visually Impaired
- \_\_\_\_\_ Hearing Impaired/Deaf (Specify language preference) \_\_\_\_\_
- \_\_\_\_\_ Physical/Mobility
- \_\_\_\_\_ Mental/Emotional
- \_\_\_\_\_ Other

#### **Diagnosis as stated in documentation:**

\_\_\_\_\_  
\_\_\_\_\_

#### **Describe how your disability impacts your learning:**

\_\_\_\_\_  
\_\_\_\_\_

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**Upon completion of this application and appropriate documentation submitted to Student Disability Services, an appointment must be arranged with the Student Disability Services staff to qualify and implement services.**

RETURN TO: Student Disability Services, Centennial Hall, SCSU, St. Cloud, MN 56301

