# Disability Support Services

**Montana State University Billings**

**University Campus**
College of Education, Room 135
1500 University Drive
(406) 657-2283
(406) 545-2518 V P
(406) 657-1658 FAX

**City College**
Tech Building, Room A016
3803 Central Avenue
(406) 247-3029
(406) 545-1026 V P

## Student Application for Services

**Name:** _____
Last First MI

**Student ID #:** _____

**E-Mail Address:** _____

**Mailing Address:** _____

**Home Phone:** _____**Work/Cell Phone:** _____

**Are you a client of Department of Vocational Rehabilitation?** **Yes** ☐ **No** ☑

**Voc Rehab Counselor's Name:** _____

**Please describe your disability:** _____

_____

**What auxiliary aids or accommodations will give you access to the campus and educational programs:**

_____

_____

_____

10/10/19

**Signature** **Date**

**Please print this form, sign it, and bring it with you when you meet with a DSS Team Member to complete your registration with DSS.**