



Disability Support Services

Student Application for Services

University Campus

College of Education Rm 135
1500 University Dr
406-657-2283
VP 406-545-2518
FAX 406-657-1658

City College

Tech Building Rm A016
3803 Central Av
406-247-3029
VP 406-545-1026
FAX 406-247-3014

Name: _____
Last First MI

Student ID #: _____ Phone: _____

E-Mail Address: _____

Mailing Address: _____

Are you a transfer student? If so, name of university: _____

Please describe your disability: _____

How does your disability affect you in school?

What accommodations have you used in the past? How did they help you?

Who referred you to Disability Support Services?

Signature

Date