

The person named below has requested accommodations and/or disability/related services at Minnesota State Community and Technical College (M|State). In order to be eligible to use accommodations, the individual must have a documented disability, as defined by federal law.

Disability Services will use the information you provide to determine whether this person has a disability and is eligible to use accommodations and/or disability-related services while attending M|State. In addition, the functional information you provide will assist disability services in identifying the appropriate accommodations for this individual.

Student Completes

Name: _____ Student ID _____ Date of Birth: _____

M State campus student attends (circle one): Detroit Lakes Fergus Falls Moorhead Wadena eCampus

Medical Professional/Diagnostician Completes:

Diagnosis (i.e. DSM IV or medical): _____

Date of most recent evaluation: _____

Name and title of evaluator _____

List diagnostic protocol used: _____

If the diagnosis is a learning disability, please attacleac_

