Missouri University of Science and Technology (Missouri S&T) is committed to providing quality education for all individuals. If you have a permanent or temporary disabling condition that may require attention or services, please complete this form. Doing so is voluntary, and all information will be kept confidential. Anyone completing and submitting this form should expect to receive correspondence from the Student Disability Services office.

Information about our services and to complete an application for services, please go to our website:
http://dss.mst.edu

Date: __________

Name: ___________________________ Email: ___________________________
   Last    First      Middle

Address:
   Street Address ___________________________ City ___________________________
   State ___________________________ Zip Code ___________________________

Missouri S&T Student Number: ___________________________ Phone Number: (___) __________________

First semester at S&T: ___ fall   ___ winter   ___ summer   Year: ______

I will enroll at S&T as: ______ first time freshman: ______ transfer student: ______ graduate student: ______

I am currently enrolled at Missouri S&T: ______

Type(s) of disability: ______ Mobility   ______ Visual   ______ Hearing   ______ Learning Disability   ______ AD/HD

Other: ___________________________

Comments: ___________________________

RETURN COMPLETED FORM BY MAIL (OR IN-PERSON) TO:
Student Disability Services
Missouri University of Science and Technology
203 Norwood Hall
320 W. 12th St
Rolla, MO 65409-0950
Telephone: (573) 341-6655
TTY: (573) 341-6645
Fax: (573) 341-4172
Email: dss@mst.edu