



Application for Disability Support Services

Please return this form with the required documentation to:

North Dakota State College of Science, Disability Support Services, Library Room 215

800 Sixth Street North, Wahpeton, ND 58076-0002 or Call 1-800-342-4325 ext. 3-2623 for more information.

General Information:

NAID number: _____ Social Security number: _____

Date of birth: _____ Local phone: _____

Name: _____

Local address: _____

Box number: _____

City: _____

State: _____ Zip: _____

E-mail address: _____

Permanent or home address (if different from above):

Phone: _____

Street: _____

City: _____ State: _____

Zip: _____

High School graduated from: _____ Year: _____

Course of study at North Dakota State College of Science: _____

Start date: _____

Disability Information:

What is your disability? _____

How does it limit you in the classroom or affect your learning? _____

What services did you receive in high school (for example, extended time on tests)? _____

What accommodations/modifications do you think you will need at North Dakota State College of Science?

List any equipment or technologies used to accommodate your disability: _____

If you have a vision loss, what is your method of reading?

_____ books on tape _____ braille _____ large print/magnification _____ other

If you have a hearing loss, how do you compensate?

_____ interpreter/sign language _____ lip reading _____ other

If you use sign language, what type?

Vocational Rehabilitation:

Are you working with Vocational Rehabilitation? _____ If so, what city? _____

Counselor's name: _____

Phone number: _____

Is Vocational Rehabilitation providing financial assistance toward your schooling? _____

If yes, in what ways? _____

Other Agency Information:

List any agencies you are presently working with and describe what type of assistance you receive from them: _____

I certify that the information provided on this form is correct. I understand that in order to be eligible for specific accommodations, I must provide documentation of my disability supports the need for those accommodations. It will be my responsibility to turn in documentation and to seek accommodations when needed. I also understand that the accommodations and/or disability-related services provided will be determined following consultation between the Disability Services Coordinator and myself.

Signature: _____ Date: _____

Disability Support Services agrees to keep information and records concerning my disability confidential in compliance with the Family Rights and Privacy Act, North Dakota state statutes, and the professional and ethical standards of the Association of Higher Education and Disability.

While Disability Support Services staff will not release documentation nor reveal specific details of a student's condition to North Dakota State College of Science faculty or staff they will verify that the documentation is on file at Disability Support Services and share information about the purpose of an accommodation.