



# Disability Services Application

Student Services · Founders Hall · 7390 South Sixth Street · Klamath Falls, OR 97603

Please complete this Disability Service Application, then schedule an appointment with the Disability Coordinator 541-882-3521.

Full Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

What is your Major or Field of Study? \_\_\_\_\_

Disability: \_\_\_\_\_

Term/year: \_\_\_\_\_ Documentation enclosed: Yes \_\_\_\_\_ No \_\_\_\_\_

How does your disability(s) affect you in an educational environment?

Have you received accommodations in the past, either at school or at work? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes which one(s)?

What accommodations do you use in everyday life to help you manage your disability?

Accommodations given: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Disability Coordinator's signature: \_\_\_\_\_

Date: \_\_\_\_\_