



Disability Services Application

Enrollment Services · Building 3 · 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: _____