



Southeast
Missouri State University

DISABILITY SUPPORT SERVICES

Request for Services

Please print all information clearly:

Name: _____

Student ID Number: _____

Nature of Disability (specific diagnosis): _____

Permanent Address: _____

Permanent Phone Number: _____

Email Address: _____

Contact Phone Number: _____

Date of University Admission: _____

Major/Minor: _____

Documentation:

_____ Documentation enclosed

_____ Release signed

_____ Documentation to be delivered

(OVER)

General Services Requested:

- | | |
|-----------------------------------|-------------------------------------|
| _____ Assistive Listening Devices | _____ Alternate format of texts |
| _____ Notetakers | _____ Exam readers |
| _____ Extended time on exams | _____ Exams in solitary environment |
| _____ Special seating | _____ Sign language interpreters |
| _____ Large print | _____ Priority enrollment |
| _____ Tape lectures | _____ Use of calculator |
| _____ Other: _____ | |
| _____ | |
| _____ | |

The final decision regarding services that are provided will be determined by the student's documentation and what is supported through that documentation. The above check list provides an overview to the disability service provider about services that may be appropriate.

Student's signature: _____

Print your name: _____

Date: _____

RETURN FORM TO:

**Southeast Missouri State University
DISABILITY SUPPORT SERVICES
One University Plaza, MS 1300
Cape Girardeau, MO 63701-4799**