

## REQUEST FOR DOCUMENTATION

The person named below has requested accommodations and/or disability/related services at Minnesota State Community and Technical College (M State). In order to be eligible to use accommodations, the individual must have a documented disability, as defined by federal law.

Accessibility Resources will use the information you provide to determine whether this person has a disability and is eligible to use accommodations and/or disability-related services while attending M State. In addition, the functional information you provide will assist Accessibility Resources in identifying the appropriate accommodations for this individual.

Diagnosis (i.e. DSM IV or medical):  Date of most recent evaluation:  Name and title of evaluator  List diagnostic protocol used:  If the diagnosis is a learning disability, please attach the current psycho-educational evaluation.  Describe the severity of the disability, and the student's functional limitations in an educational	Student Completes:			
M State home campus (circle one): Detroit Lakes Fergus Falls Moorhead Wadena Online  Medical Professional/Diagnostician Completes:  Diagnosis (i.e. DSM IV or medical):  Date of most recent evaluation:  Name and title of evaluator  List diagnostic protocol used:  If the diagnosis is a learning disability, please attach the current psycho-educational evaluation.  Describe the severity of the disability, and the student's functional limitations in an educational setting:	Name:	_ Student ID	Date of Bir	th:
Diagnosis (i.e. DSM IV or medical):  Date of most recent evaluation:  Name and title of evaluator  List diagnostic protocol used:  If the diagnosis is a learning disability, please attach the current psycho-educational evaluation.  Describe the severity of the disability, and the student's functional limitations in an educational	M State home campus (circle one): Detroit	Lakes Fergus Falls	Moorhead Wa	dena Online
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Describe the severity of the disability, and the student's functional limitations in an educational	List diagnostic protocol used:			
	Describe the severity of the disability, and t		•	

	ons described above change over time?If yes, please explain:
	tments, medications, assistive devices, accommodations or services use and describe their impact or expected impact:
information we can use wh services for this individual.	ofessionals who have worked with this person provide valuable en determining the specific accommodations and/or disability-related Please list any suggestions for accommodations/services you wish to
information we can use wh	en determining the specific accommodations and/or disability-related
information we can use where services for this individual. make.  If your suggestions go beyon information to suggest reference.	en determining the specific accommodations and/or disability-related

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## Organization and Address

Please mail, fax or scan and email completed form to the campus identified by the student at the top of this form. Thank you.

M State - Detroit Lakes Campus mark.Nelson@minnesota.edu 900 Highway 34 East Detroit Lakes, MN 56501-9988

Fax: 218 846-3731

M State – Fergus Falls, Wadena, Moorhead campus, online ashley.broderick@minnesota.edu 1900 28<sup>th</sup> Avenue South Moorhead, MN 56560-4899

Fax: 218-299-6909