



A member of Minnesota State

# Disability Services Request Form

Please submit to [disabilityservices@lsc.edu](mailto:disabilityservices@lsc.edu)

Name \_\_\_\_\_

Star ID \_\_\_\_\_

Preferred Name \_\_\_\_\_

Pronouns \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Program at LSC \_\_\_\_\_

Are you a current PSEO or LSC student?

Yes No

Have you been a prior college student?  
If so, where?

Yes No

\_\_\_\_\_

Have you used accommodations in High School  
or at a previous college/university?  
If so, what accommodations?

Yes No

\_\_\_\_\_

Please identify the disabilities that impact you:

- Learning Disability
- Autistic or Asperger's
- Traumatic Brain Injury
- Chemical Dependency (history of)
- Deaf/Hard of Hearing
- Systemic Impairment (other medical)

- ADHD/ADD
- Psychiatric Condition(s)
- Developmental Cognitive
- Speech Impairment
- Mobility Impairment
- Blind/Low Vision

Describe your disability and how it impacts your learning or functioning on a day-to-day basis:

List any measures you are taking to offset the impact and if they are effective: