## **Disabilities Support Services**

Learning Center - Room 208 406-874-6152 – dss@milescc.edu



## **STUDENT INTAKE**

Welcome to the Disabilities Support Services and the Learning Center! All of the information provided to Disabilities Support Services is kept confidential and will only be shared with your permission with individuals directly involved in providing approved accommodations.

| Name   | Date            |                      |                    |
|--|-----------------|----------------------|--------------------|
| Address  | City            | State                | Zip                |
| Phone/Cell:  |                 | Okay to send text me | ssages? 🗌 YES 🗌 No |
| Email:   |                 |                      |                    |
| Major:   |                 |                      |                    |
| Transfer: Previous College/University                  |                 |                      |                    |
| Are you a military veteran? 🗌 Yes 🗌 No                 |                 |                      |                    |
| What is your documented disability?                    |                 |                      |                    |
|  |                 |                      |                    |
|  |                 |                      |                    |
| Describe the difficulties you experience related to yo | our disability: |                      |                    |
|  |                 |                      |                    |
|  |                 |                      |                    |
|  |                 |                      |                    |
| Please list any accommodations you have received ir    | n the past:     |                      |                    |