



MOUNT  
MARTY

## DISABILITY SERVICES

# Student Registration Form

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Name: \_\_\_\_\_

Permanent Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Local (Campus) Phone Number:

\_\_\_\_\_

E-mail Address:

\_\_\_\_\_

Local (Campus) Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cell Phone Number:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Permanent Phone Number:

\_\_\_\_\_

Major:

\_\_\_\_\_

### Enrollment Status

Freshman  
Sophomore

Junior  
Senior

Full-Time  
Part-Time

Campus Location

Yankton

Sioux Falls

Watertown

\*VRS Counselor's Name: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you currently employed? Yes No

If Yes, location of employment and number of hours per week:

\_\_\_\_\_

What is your disability? Please be as specific as possible.

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Does your disability impede access to education? Yes No

If yes, please describe:

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Does your disability impact your ability to learn? Yes No

If yes, please describe:

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Do you require handicap parking? Yes No

Did you receive any services for your disability while in high school?

If yes, please describe: Yes No

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All students are required to provide documentation of their disability. Each person and each disability is unique; however, there are general guidelines that Disability Services utilize to determine if a student has a disability according to Section 504 and the ADA definition of disability. This documentation is also utilized by Disability Services to assist in providing reasonable and appropriate accommodations.

Disability Documentation provided should include, but may not be limited to the following:

- Demonstration of comprehensive assessments and evaluations, using adult scales, conducted by an appropriately credentialed professional;
- Clear statement of the current impact of the disability upon major life functions and the functional limitations in an educational environment;
- Specific diagnosis with accommodations recommendations; and
- Signature and contact information of diagnostician including mailing address, telephone number and e-mail address.

Statement of Agreement:

I understand that the staff of Disability Services at MMC will have access to my file maintained at Disability Services, as well as to academic and other records of the College. I further understand that in order to meet my educational needs, it may be necessary for Disability Services to contact other campus departments and disclose personal information about me and my diagnosis. By completing this form, I consent to such disclosure.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please return all papers to the  
Disability Services Office.

*Mail:* 1105 West 8<sup>th</sup> Street, SLC 105B, Yankton SD 57078

Phone: 605-668-1518

*Email:* Tracy.taylor@mtmc.edu