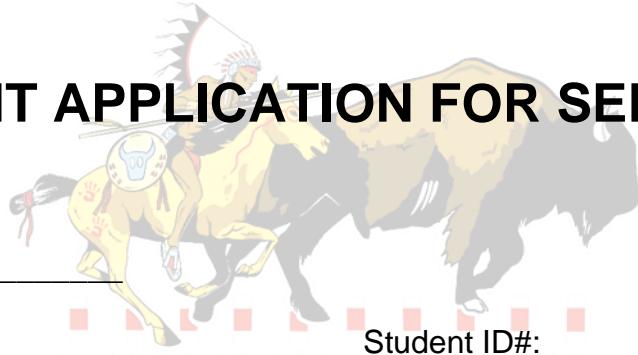


STUDENT APPLICATION FOR SERVICES



Date: _____

Name: _____ Student ID#: _____

Mailing Address: _____ City, State Zip: _____

E-Mail Address: _____ Date of Birth: _____

Home Phone: (_____) _____ Work/Cell Phone: (_____) _____

Program of Study: _____

What accommodations are necessary in order to obtain equal access to educational programs and activities at Fort Peck Community College:

****Application is NOT complete until adequate documentation of disability is provided****

Signature: _____ Date: _____

I, hereby, authorize Fort Peck Community College Accessibility Resource Services to release copies of my disability application to Fort Peck Community College Student Support Services (SSS) for the purpose of enrollment into their program.

Signature: _____ Date: _____

Please return this application to Sierra Atkinson via email; satkinson@fpcc.edu or in person to the War Eagle Vision Building on the Poplar campus. Sierra Atkinson can be reached for questions or meetings at (406) 768-6324.