Name: 

Date of initial contact: 

Date documentation was received: 

Date of intake: 

<table>
<thead>
<tr>
<th>Individual’s Concerns</th>
<th>Areas to be Accommodated</th>
<th>Accommodations/Recommendations</th>
</tr>
</thead>
</table>

**Assistance for Individuals with Disabilities**

Qualified individuals are entitled to reasonable accommodations under the Americans with Disabilities Act (ADA regulations). Accommodations are determined on a case-by-case basis. DSS serve as links between individuals with disabilities and the campus community. All information will be considered confidential and only released to appropriate personnel on a need to know basis. To access services, individuals must initiate a request in writing for specific services/accommodations (books on tape, enlargements, interpreters, etc.). Accommodations prescribed only apply to MSU and may not be valid elsewhere. The individual takes full responsibility for ongoing assistance.

Signature: __________________________ Date: __________________________

DSS Signature: __________________________ Date: __________________________

CC: MSU Human Resources

*This document can be produced in an alternative format.*