



REQUEST FOR DOCUMENTATION REVIEW

I request that the written documentation of disability I have submitted to Montana State University be reviewed to determine my eligibility for accommodations as a person with a disability. By signing this document I am also granting permission to DSS to send my documentation and academic transcripts out for an external “blind” review by a private clinician. Documentation review will be accomplished in accordance with MSU-Bozeman’s published review process.

I understand that the review process will not begin until my application for admission has been received by Montana State University-Bozeman.

Name: _____

Address: _____

Signature: _____ **Date:** _____

Please complete this form and return to:

Disability Student Services
Montana State University in Bozeman
PO Box 173960
Bozeman, MT 59717-3960