



## 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:

Disabled Student Services  
Montana State University – Bozeman  
PO Box 173960  
Bozeman, MT 59717-3960