

**Milwaukee School of Engineering
University Disability Services
Student Profile**

Name: _____ Date: _____

Address: _____

Phone Number: _____ E-mail: _____

Date of Birth: _____ Year in School: _____

Major: _____ Academic Advisor: _____

Person you were referred by: _____

Reason you were referred: _____

*Do you have a documented disability? YES NO
If yes, what is your disability? _____

*Do you meet with an MSOE counselor: YES NO
If yes, who? _____

*Do you meet with a private therapist/counselor: YES NO

If yes, who? _____

Name

Phone Number

Accommodations you have received in the past:

Release of Information

I, _____, authorize that Elizabeth Gridley, from the Milwaukee School of Engineering, may obtain my academic and/or medical records in order to better prepare my accommodation plan for this school year (2008-09).

Signature

Date

