

Disability Services Eligibility Request

Please send the information needed to become eligible for Disability Services at St. Andrews

Date: \_\_\_\_\_

Will you need modifications to a residence hall room?

yes \_\_\_

no \_\_\_

Type of disability (primary and secondary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send the information to:

Students Name

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail

\_\_\_\_\_

Please return to:

Office of Disability Service  
St. Andrews Presbyterian College  
1700 Dogwood Mile  
Laurinburg, NC 28352