

Request for Disability Services Information

Office of the Disability Services
St. Andrews Presbyterian College
1700 Dogwood Mile
Laurinburg, North Carolina 28352

Social Security Number _____ Date _____

Student Name _____
Last First Middle

Address _____
Street or PO Box

_____ City State Zip Code

Telephone Number _____

Email Address _____

Currently Enrolled: Yes No Date of Birth _____

If not enrolled, give last date of attendance _____

(If a student is indebted to the College in any way, the Office of Disability Services cannot honor an information request.)

Circle the preferred method to receive the information: Mail or Fax

Mailing Address: _____

Fax Number: _____

Signature of Student



St. Andrews
PRESBYTERIAN COLLEGE
1700 Dogwood Mile, Laurinburg, NC, 28352