



# STARR KING

## SCHOOL FOR THE MINISTRY

### Disability Services Registration Form

I, \_\_\_\_\_, on \_\_\_\_\_,  
Student Name (Print) Date

Register with the Office of the Dean of Students and Community Life at Starr King School for the Ministry to receive Disability Services which includes appropriate accommodations and academic adjustments in order to ensure that I have equal opportunity to attain the same quality of education as well as be assessed for course contact and evaluated in the same manner as students without disabilities.

**Signature:** \_\_\_\_\_  
Student Name

Students must save the completed form as a PDF with the name as Term.DisabilityServiceRegistrationForm.Your first and last name. Then, email the form to registrar@sksm.edu, and Cc your advisor. If you require assistance filling out any disability forms please contact the registrar.