

# DISABILITY SERVICES

University of Montana - Western

Western would like to hear what you have to say about our services, programs, and on-campus access. Please complete this form and return it to the Student Life Office. We appreciate constructive feedback and we will often include you in how we develop a solution to the issues you present. Thanks for you time!

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Please use the following space to tell us what's on your mind: