It is the intention of Highland Community College to work toward full compliance with the Americans with Disabilities Act and to make facilities and instructional programs accessible to all people, and to provide reasonable accommodations according to the law.

Students should understand that it is their responsibility to self-identify their need for accommodation(s) and that they must provide current, comprehensive diagnosis of a specific disability or medical condition from a qualified professional in order to receive services.

First Name  Middle I.  Last Name  Nickname

Permanent Mailing Address  City  State  Zip  Home Phone

email address  (name@hotmail.com)  Cell Phone

Please identify the nature of your disability:

I have a Learning Disability. Yes____ No____
If yes, please explain: (Failure to explain may delay services)

I have a Physical Disability. Yes____ No____
If yes, please explain: (Failure to explain may delay services)

I have a Mental Health Disability. Yes____ No____
If yes, please explain: (Failure to explain may delay services)

Did you have an IEP or 504 Plan in any grade 9 through 12?  Yes ____  No____
Do you have any other documentation of your disability? If yes, please explain: