

Today's date: _____ Semester attending: Fall _____ Spring _____ Summer _____

I will attend: (Circle all that apply) Highland campus Regional site Online Atchison Technical Center

Highland Community College
Students with Disabilities Self-Identification Form

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: