



Highland Community College

Disability Services

[disabilities@highlandcc.edu](mailto:disabilities@highlandcc.edu)

Date Received: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Documents Received: \_\_\_\_\_

**Highland Community College  
Request for Accommodations Self-Identification Form**

Are you a student who has been diagnosed with a permanent and/or temporary physical, medical, psychological, or learning disability, and are seeking accommodations? 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 a current, comprehensive diagnosis of a specific disability or medical condition from a qualified professional in order to receive services. This documentation must be submitted prior to services being authorized.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Primary site of attendance:     Highland campus                       Atchison Technical Center

Regional Site                                       Western Technical Center

Online     Concurrent High School

I have a:     Learning disability     Physical disability     Mental health disability

My disability is:     Permanent     Temporary (i.e., broken bone, etc.)

Diagnosis and description of disability:

Permission of Notification:

I, \_\_\_\_\_, grant Highland Community College disability coordinators permission to notify my instructors of the special needs/accommodations recommended in the report(s) documenting my disabilities. I also grant HCC permission to share my file with other departments as needed to ensure academic success and for reporting needs. When necessary, the disability coordinators will contact my instructors to monitor my academic progress.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_