



What accommodations you are requesting?

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**Please submit this form along with your disability documentation to Disability Access** either in person or via email at [disabilityaccess@highlands.edu](mailto:disabilityaccess@highlands.edu).

**By signing below, I agree to the following:**

- I understand providing this information is voluntary and is used only to substantiate the need for accommodations and the nature of accommodations required.
- It is my responsibility to provide current documentation of my disability. Disability documentation guidelines are linked [here through the University System of Georgia's website](#).
- I hereby authorize the release of disability documentation to Georgia Highlands College Student Support Services director or affiliated staff member, and/or Regents Center for Learning Disorders staff member on a need to know basis.
- I understand this authorization remains in effect for each term that I am a student at Georgia Highlands College unless I revoke it in writing.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date