

Student Support Services

Disability Access
Email: disabilityaccess@highlands.edu
Phone: 706-295-6336

Disability Access Request for Services Form

Student Information

Name:			
First	Middle	Last	_
GHC ID #:Enter your 9 digit #	Birth	n Date:/	
Student Email Address:	@stu	udent.highlands.edu Phone:	
Academic Status: [] Incoming Fro	eshman []Curre	ent Student [] Transfer Student [] Transient Stude	nt
Requested Semester/Year:			
Primary Campus: [] Cartersville	e []Rome [[] Marietta [] Paulding [] Online	
Secondary Campus: [] Cartersvi	lle [] Rome	[] Marietta [] Paulding [] Online	
Pathway/Major:			
Are you a veteran?yes	no Are y	you a Vocational Rehabilitation client?yes _	no
Disability diagnosis:			
When was your disability first diag	gnosed?		
Current medications (If applicable	e):		
How does your disability affect yo	ou academically	y?	



What accommodations you are requesting?	
Please submit this form along with your disal via email at disabilityaccess@highlands.edu.	bility documentation to Disability Access either in person or
 accommodations and the nature of acco It is my responsibility to provide current guidelines are linked here through the U I hereby authorize the release of disability Services director or affiliated staff membors a need to know basis. 	documentation of my disability. Disability documentation
	 Date