

Intake Request Form

Student Information

Name: _____
First Middle Last

GHC ID #: _____ Birth Date: ____/____/____
Enter your 9 digit #

Student Email Address: _____@student.highlands.edu Phone: _____

Academic Status: Freshman Sophomore Junior Senior Major: _____

Primary Campus: Cartersville Rome Marietta Paulding Douglasville Online
Secondary Campus: Cartersville Rome Marietta Paulding Douglasville Online

Are you a veteran? ____yes ____no Are you a Vocational Rehabilitation client? ____yes ____no

Accessibility Specific Information

Instructions: There is much variability within each accessibility category, and therefore, the type of accommodations needed can vary significantly. Below, you will find descriptions of the various types of disabilities recognized in the United States. Student needs vary according to each individual. Therefore, it is important for the participating student to clarify the particular accommodations she or he requests.

Disability Category (Select all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Acquired Brain Injury (ABI) | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Autism Spectrum |
| <input type="checkbox"/> Blind/Low Vision | <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Deaf/Hard of Hearing |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Mobility | <input type="checkbox"/> Psychological |

Other (explain): _____

Specific Diagnosis (es): _____

When was your disability first diagnosed? _____

Do you have any documentation of your disability? ____yes ____no

Are you currently taking any medications related to your disability? ____yes ____no

How does your disability affect you academically?

How does your disability affect student life in general?

Please list the accommodations you are requesting:

Type of Documentation Submitted (Ex: psycho-educational evaluation, physician report): _____

Please attach your documentation to this form, and submit it to the campus Disability Specialist. (View Student Support Services Contacts information on our [website](#).)

By signing below, I agree to the following:

- It is my responsibility to provide current documentation of my disability. Disability documentation guidelines are available on the University System of Georgia’s website, Academic & Student Affairs Handbook, Section 3, [Appendixes D & E](#) .
- 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 providing this information is used only to substantiate the need for accommodations and the nature of accommodations required.
- 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