



Waycross College

Disability Self Identification Form

Waycross College is committed to providing quality educational programs and services to all students. This self-identification form is designed to assist the College in providing our students with disabilities with reasonable accommodations, which enable them to be more self-sufficient. If you have a disability, check the appropriate areas below so that we can understand your needs. After the form is completed, return to the Student Services Office at Waycross College or mail to:

**Director for Student Life
Waycross College
2001 South Georgia Parkway
Waycross, GA 31503**

The information on this form will be kept confidential and will not be used to discriminate in any manner. By law, information provided about your disability cannot affect your admissions process. The information obtained on this form will be released only to those individuals responsible for providing assistance to students with disabilities.

Please check the areas(s) that best describes your disability:

_____ Learning Disability

_____ Visual Disability

_____ Attention Deficit Order

_____ Speech Disability

_____ Hearing Disability

_____ Other (Please describe)

Do you have to take the College Place Exam (COMPASS)? ____ Yes ____ No
If yes, which area: Math ____ English/Reading ____

Activities affected by disability: ____ Reading ____ Writing ____ Math
____ Speech ____ Walking ____ Attention
____ Other _____

When this form is received you will be contacted by the Student Services Office to discuss documentation requirements and needed accommodations. Please provide us with the following information:

Name _____

Address _____

City _____ Zip _____

Telephone (Home) _____ (Cell) _____

Best Time to Contact you _____

I plan to attend Waycross College: Semester _____ Year _____

Signature

Date

If you have questions concerning this procedure, contact the Director of Student Life at:
912-449-7600