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## Self-Identification Form

Piedmont Community College provides quality educational services for all students., ensuring that programs and facilities of the College are accessible to all students with disabilities. The Accessibility Services Office works with students to provide services and accommodations that ensure students with disabilities have equal access to the College.

If you have a disability/chronic medical condition, we encourage you to complete this form and return it directly to Disability Services. The completion of this form is completely voluntary.

Upon receipt of this form, The Accessibility Services Office request that you, the student, provide documentation from your primary care physician and/or other qualified professional care provider about your disability and the functional limitation(s) it imposes on you while you are enrolled at Piedmont Community College. This document will be held in confidence and will be used to determine whether you need reasonable accommodations.

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

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_