

Disability Services & Resources
(DSR) Office
Enrollment Form (Please Print)

Phone: _____ Personal Email (NonGSCC email) _____

Emergency Contact: _____ Phone: _____

This section must be completed.
Describe Your Disability:

My signature below indicates that the above information is true and accurate that I have read, understand and accept my responsibilities that I give permission for the DSR office to discuss the requested accommodation(s) with my instructor, college officials and other agencies / schools if deemed necessary to provide reasonable accommodation(s).

In order to obtain these accommodations, I acknowledge that it is my responsibility to:

- Contact instructors about accommodations when they have been emailed the Academic Modification and Adjustments form. (I will be copied on the email.)