HOLYOKE COMMUNITY COLLEGE

www.hcc.edu

Office for Students with Disabilities & Deaf Services
DON 147
303 Homestead Ave
Holyoke MA 01040
P: 413.552.2417
VP: 413.650.5502
F: 413.552.2058

Date: _____

Student Information Form

Name _____
Last (Preferred) First Middle

Student ID# Birth Date: / /

Mailing Address: _____
Street City State Zip

Primary Phone: ( ) Alt. Phone: ( ) Preferred Email: _____

Name of High School: _____ Date of Graduation: _____

Did you receive any accommodations in High School? ☐ Yes ☐ No
If yes, what accommodations were beneficial to you? _____
_____
_____

Did you take and pass the MCAS? ☐ Yes ☐ No

If you have not completed High School, did you earn a GED or HiSET (High School equivalency)?
☐ Yes Year: ☐ No

Are there any medical issues, which you believe the OSDDS or Health Services staff should be aware of?
☐ Yes ☐ No
If yes, please list: _____

Date of Admission at HCC: _____ Program of Study: _____

Disability: _____

Did you bring any documentation today? ☐ Yes ☐ No

Please briefly explain what brings you to the OSDDS office currently _____
_____
_____
_____
_____

Revised 3/27/18