

OFFICE OF ACCESSIBILITY SERVICES
Meet and Greet Summary

Name: (First) _____ (M.I.) ____ (Last) _____ **Date:** __/__/__

Permanent Address: _____

City _____ State _____ Zip _____
Phone () _____

Email: _____

Personal Data:
C-GCC Student ID number _____

Describe primary disability:

List other disabilities (if applicable):

ACCES-VR/CBVH
Counselor/Phone#: _____

ACADEMIC ADJUSTMENTS

Please indicate academic adjustments you are requesting, such as extra time on quizzes/exams, permission to use electronic devices for medical purposes, etc.:

Please indicate any physical challenges you may experience on campus, such as using staircases, sitting for long periods of time, adaptive computer equipment, etc.:

Documentation of disability from a qualified professional in the area of the disability is required in order to access services through the Office of Accessibility Services at Columbia-Greene Community College.

Return this form to:
Columbia-Greene Community College
Office of Accessibility Services
4400 Route 23
Hudson, NY 12534
or
catherine.carlson@sunycgcc.edu

Yes, I have been offered voter registration information.