



Accessibility Services  
419 College Drive, Barnesville, GA 30204

## REQUEST FOR ACCOMODATIONS FORM

**Personal Information**

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

Date of Birth \_\_\_\_\_ Under 18? \_\_\_\_ Yes \_\_\_\_ No GSCID# 929 \_\_\_\_\_

Referred by \_\_\_\_\_ Veteran? \_\_\_\_ Yes \_\_\_\_ No

Permanent Address \_\_\_\_\_  
Street Apartment #

City State Zip Code

Telephone \_\_\_\_\_ @gordonstate.edu  
Cell/Local Permanent/Home Gordon State College E-Mail Address

Emergency Contact Person (this can be a parent/guardian, friend, spouse)

Name Relationship Phone Number

**Academic Information**

First Semester at GSC: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer Calendar Year 20\_\_\_\_\_

Previous College(s) Attended:

\_\_\_\_\_  
\_\_\_\_\_

**Disability Information**

Check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) | <input type="checkbox"/> Mobility Impairment     |
| <input type="checkbox"/> Acquired Brain Injuries                         | <input type="checkbox"/> Neurological Condition  |
| <input type="checkbox"/> Chronic Health Condition                        | <input type="checkbox"/> Psychological Condition |
| <input type="checkbox"/> Deaf/Hard of Hearing                            | <input type="checkbox"/> Visual Disorder         |
| <input type="checkbox"/> Learning Disability                             | <input type="checkbox"/> Other _____             |

Specific Disability Diagnosis \_\_\_\_\_

Please describe how your disability impacts you in the academic environment here at Gordon State College:

\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_

Are you registered with Vocational Rehabilitation (VR) Services? \_\_\_\_\_

**Accommodations**

What accommodations have you used previously?

Previous Colleges:

\_\_\_\_\_  
\_\_\_\_\_

List the specific academic accommodations you are requesting at GC: (for example: testing accommodations, priority seating, extended time, etc.)

_____	_____
_____	_____
_____	_____
_____	_____

**Release of Information – Parent or Guardian**

I hereby authorize the Counseling and Accessibility Services staff at Gordon State College to release or discuss any pertinent medical, psychological, educational or vocational information to the parent or guardian listed below. The purpose of this disclosure is to assist me as I pursue my educational goals. Disclosures of information will be restricted to what is necessary, relevant, and verifiable. A photocopy of this authorization shall be as valid as the original document.

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Parent’s Signature (if student is under age 18): \_\_\_\_\_

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Responsibilities**

Please read the following statements very carefully before you sign.

- A. I understand that I am responsible for providing the required documentation to Accessibility Services before I can receive any academic accommodations (Example: IEP, 504 Plan, Medical Documentation)
- B. I understand that the Regents Center for Learning Disorders may be reviewing my information to suggest appropriate accommodations.
- C. Students with a medical disorder or impairment, the impact of which may change over time, must present renewal verification information on an annual basis.
- D. If provided with temporary accommodations, I will get any additional required documentation to Accessibility Services as quickly as possible. Temporary accommodations are good for one semester only and future accommodations will be based on a permanent approval.
- E. I understand that I am responsible for working with my instructors and the Testing Center to schedule testing accommodations.
- F. Accommodations are not retroactive. For example, if I wait until the end of the semester to request my accommodations from Accessibility Services, and I am making an “F” in my course, I will not be able to re-do any work due to my disability.
- G. My signature below gives permission for the Office of Accessibility Services to discuss my accommodations with appropriate college officials. The information given to faculty and staff will be used only to substantiate the need for accommodations and the nature of the accommodations required.

I acknowledge that I have been provided with a copy of Student’s Responsibilities.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date