Revised 5/29/2024

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:

_____ _____

_____ _____

Revised 5/29/2024

Disability Information

Check all that apply:

____ Attention Deficit Hyperactivity Disorder (ADHD)

____ Acquired Brain Injuries

____ Chronic Health Condition

____ Deaf/Hard of Hearing

____ Learning Disability

____Mobility Impairment

____ Neurological Condition

____ Psychological Condition

____ Visual Disorder

____ Other _____

Specific Disability Diagnosis_____

Please describe how your disability impacts you in the academic environment:

_____

_____

Current Medications: _____

Are you registered with Vocational Rehabilitation (VR) Services? _____

Accommodations

What accommodations have you used previously?

In High School:

_____

Previous Colleges:

_____

_____

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

_____ _____

_____ _____

_____ _____

_____ _____

Revised 5/29/2024

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