

Welcome to the Georgia College Student Disability Resource Center!

If you are interested in receiving academic accommodations, you will need to register with our office. To begin that process, please proceed with the following:

- 1. Complete the Request for Services Form**
- 2. Provide us with a copy of documentation that supports your diagnosis**
- 3. Schedule a Registration Meeting with our office**

Below are links for you to peruse so that you can get to know our department and your options for assistance.

The Board of Regents criteria can be found on the link below for each category of diagnosis:
http://www.usg.edu/academic_affairs_handbook/section3/handbook/appendicesDH/

Please note: if you feel that your documentation does not meet the guidelines listed in the Board of Regents criteria, submit what you have as it may provide you with temporary accommodations. Additionally, attached is a form that discusses ways to receive psychological testing.

Our website is available at <http://gcsu.edu/disability/>

Please **mail or fax** the attached Request for Services Form and copies of any supporting documentation that you have (current psychological/medical evaluations and IEP/504 plans) to:

Georgia College
Student Disability Resource Center
Campus Box 123
Milledgeville, GA 31061

We look forward to helping in any way we can. Please do not hesitate to contact us with any questions or concerns.

Sincerely,

David Anderson
Director of the Student Disability Resource Center

Request for Services Form

Section 1. Demographic Data: Please complete and/or review and update

Name _____
Last
First
MI
Nickname

GCID _____ Date of Birth _____

Mailing Address _____
Street
City
State
Zip

Phone Numbers _____ Bobcats Email _____
Cell
Home/ Permanent

Do you receive Vocational Rehabilitation services? (please check) YES NO
 If YES, who is your case manager? _____

Are you a Veteran? (please check) YES NO

Section 2. Student Status:

Prospective _____
Date of Anticipated Enrollment
Degree/s Seeking

Transient _____
Name of Institution You Attend on a Regular Basis

Current: (please check) Undergraduate Graduate

Date of Enrollment
Degree/s Seeking

Section 3. Diagnostic Information:

1. Please state your diagnosed disability/ies and the date of onset:

Diagnosis	Date
_____	_____
_____	_____
_____	_____
_____	_____

2. Please briefly describe how your disability/ies affect you both outside and inside the classroom, including testing, and studying situations:

Section 4. Service History:

1. Please list/describe any services/accommodations you previously received:

2. Please list/describe those services/accommodations you are interested in requesting at Georgia College:

Section 5. Authorization to Release Information:

I hereby authorize Georgia College Student Disability Resource Center located at 231 West Hancock Street/Campus Box 123 in Milledgeville, GA 31061, to:

Release the following information: psychological, neuropsychological, and other evaluations and medical documentation needed for consideration of the extension of academic accommodations to:

▪ **Regents Center for Learning Disorders**, University of Georgia, 331 Milledge Hall, Athens, GA 30602

Communicate with **the parties below** about information regarded to my disability, registration process, accommodations, and interaction with Disability Services' staff.

Parent or Guardian/s:

Vocational Rehabilitation Case Manager/Counselor:

Georgia College Academic Advisor:

Medical Provider/s:

Professors:

Other:

Student Signature

Date