

Voluntary Disclosure of Disability

Georgia State University is committed to providing a quality and equal education to all students. Self-disclosure of a disability is entirely voluntary. However, disclosure and submission of current documentation substantiating your disability is required to determine eligibility and identify reasonable accommodations. Completing this packet is the first step in the process.

If you have a diagnosed disability and would like to request accommodations, please complete this packet and return it to our office. The information you provide is confidential and is only disclosed to University personnel responsible for coordinating disability services for the University. The information you provide about your disability is not used in the admissions process and will not be used to discriminate against you in any manner.

For Use Only by Persons with Diagnosed Disabilities

Print Name

Student ID Number

NATURE OF DISABILITY

- Acquired/Traumatic Brain Injury
- Attention Deficit/Hyperactivity
- Autism/Asperger
- Blindness/Low Vision
- Communication Disorder
- Deafness/Hard of Hearing
- Health Impairment
- Learning Disability
- Mobility Impairment
- Psychological Disorder
- Sensory Disability
- Systemic Condition
- Other

LIMITED MAJOR LIFE ACTIVITY

- Attention
- Communication/Speech
- Hearing
- Mathematics
- Memory/Recall
- Mobility/Motor Function
- Physical Activity
- Reading
- Seeing
- Social
- Writing
- Other

Student Signature

Date

REQUEST FOR ACCOMMODATIONS

Last Name: _____ First Name: _____ MI: _____

Preferred Name/Nickname: _____ Student ID: _____

Date of Birth: _____ Gender: _____ Race/Ethnicity: _____

GSU Email: _____ Alternate Email: _____

Permanent Address: _____
(Street Address or P.O Box)

(City) (State) (Zip Code)

Cell Phone: () _____ Alternate Phone: () _____

Classification: Freshman Sophomore Junior Senior Graduate
 Post-Baccalaureate Certification Joint Enrolled Law School
 Major _____

Are you currently enrolled? Y N If no, anticipated start date: _____

Are you a transient student? Y___ N Are you a transfer student? Y N

Are you transitioning from another GSU campus? Y N To which campus? _____

Are you a Veteran? Y N Are you in Move on When Ready? Y N

Vocational Rehabilitation Counselor: _____ Phone: () _____
 (If applicable) (Your Counselor's Name)

(City) (State) (Zip)

REQUEST FOR ACCOMMODATIONS (continued)

Assistive/Adaptive Technology you will bring with you to GSU:

Medical Doctor:

(Name)

Psychologists/Psychiatrist:

(Name)

Current Medications:

Date of Last Evaluation:

Diagnosis:

Describe how your disability impacts performance in an academic/educational environment. (i.e.: functional limitations or limited major life activities)

Please list previous accommodations that were implemented in an academic setting. Specify those that maximized your strengths as well as those that did not.

Describe the types of accommodations that you believe will allow you to be the most successful during your collegiate career.

Request Acknowledgement Statement

On _____ (date) I, _____ (name), submitted the following documents to Disability Services for review as a request for accommodations.

Please initial.

Request for Accommodations form

Confidential Release of Information

Voluntary Disclosure of Disability form

Available evaluation/documentation

Evaluation/Documentation to be directly provided by a qualified professional.

I acknowledge that this is only a request for accommodations. Once my file has been reviewed Disability Services will contact me within 15 business days on the status of my request.

Student Signature

Date

CONFIDENTIAL RELEASE OF INFORMATION

The primary purpose of this release is to help ensure that I receive reasonable accommodations as needed at Georgia State University. Authorized consent will remain in effect for the duration of my enrollment. I have the right to revoke the release of information at any time by completing and signing another Release of Information form.

I authorize the Office of Disability Services to release information to the following entities:

(Please initial all that apply.)

_____ Regent's Center for Learning Disorders for documentation review

_____ Appropriate GSU faculty, staff, and/or administrators as needed

Standardized testing agents (e.g. GRE, LSAT, etc.) as specified:

_____ Other Post-Secondary institutions as needed as specified: _____

Other off-campus professionals as specified (VR, MD):

Flag for mobility needs or priority registration in Registrar's Office

Other (parent, spouse, etc.):

I do not wish to release my information to anyone outside of ODS

PRINT NAME:

STUDENT ID:

SIGNATURE:

DATE:

WITNESS SIGNATURE:

DATE:

Accommodation Checklist for Students

Please initial each line after completion of forms. Date, sign, and return forms to the location where you will attend classes.

- ____ Completed and submitted Voluntary Disclosure of Disability form.
- ____ Completed and submitted Request for Accommodations form.
- ____ Completed and submitted Confidential Release of Information form.
- ____ Reviewed **documentation guidelines** for respective disability at <http://disability.gsu.edu/documentation-guidelines/>
- ____ Submitted appropriate **evaluation/documentation** to Disability Services; **or,**
- ____ **Evaluation/documentation** to be submitted by qualified professional

**** (Application will be pending until all documents have been reviewed) ****

Once you have submitted your completed packet to Disability Services, you will be contacted by Disability Services within 15 business days to schedule an appointment or to provide additional documentation.

Student Signature	Date	Staff Signature	Date
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*****For office use only *****

We will follow up with you about your request for accommodations on or before _____
(15 business days)

Alpharetta: alpcds@gsu.edu
Decatur: deccds@gsu.edu

Atlanta: access@gsu.edu
Dunwoody: duncds@gsu.edu

Clarkston: clacds@gsu.edu
Newton: newcgs@gsu.edu