

Access & Accommodations Center (AAACE)

ELIGIBILITY VERIFICATION FORM

AAACE provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act Amendments (ADAAA) of 2008. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activity. Eligibility for accommodations will be determined on a case-by-case basis following communication with the student and a thorough review of documentation indicating functional limitations that would impact the individual in an academic setting.

AAACE engages an interactive process including the student self-report, history of effective accommodations, staff, and any supportive documentation. Relevant documentation will help define any functional limitations that may impact the student in the academic setting. The outline in this document has been developed to assist the student in working with the treating/diagnosing professional(s) in obtaining the specific and necessary information to evaluate requests for academic assistance based on the diagnosis.

Please complete relevant information only. Inadequate information and/or incomplete forms will delay the eligibility review process. All answers to the questions on the form must be legible. Illegible handwriting will delay the eligibility review process since the provider will need to contact you for clarification. The professional(s) conducting the assessment and making the diagnosis must be qualified to do so. The professional should be trained, certified and/or a licensed psychologist and/or member of a medical specialty group.

The provider should attach any reports which provide additional related information (e.g. psychoeducational testing, neuropsychological test results, etc.). *If a comprehensive diagnostic report providing the requested information is available, copies may be submitted for documentation in lieu of this form. Please include a narrative that discusses the results for all case notes or rating scales.*

For housing accommodations, this document is due as soon as possible prior to the start of the academic year or semester. Applications submitted later will be considered; GSU will make a good faith effort to provide reasonable accommodations but may not be able to guarantee that appropriate residential provisions will be completed within that semester.

Important: AAACE will send an email notification to the student's GSU student email account, (i.e. samasods@student.gsu.edu), acknowledging receipt of documentation. Prospective students who do not have a GSU email account will be notified via alternate email, if provided.

[AAACE Contact Information](#)

(This page is to be completed by student)

STUDENT INFORMATION
(Please Print Legibly)

Name: _____
Last First Middle

Date of Birth: _____ GSU Student ID#: _____

Student Status (check one): prospective current transfer

Local phone: (_____) _____ Cell phone: (_____) _____

Address (street, city, state and zip code): _____

GSU Student Email address: _____@student.gsu.edu

Alternate Email address: _____

Records Released From (ie Health Facility, Provider...):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

__ I hereby give permission for the above named provider/facility to release diagnostic and other relevant information for the purpose of determining eligibility for services/accommodations at Georgia State University.

Student Rights:

I understand that I may cancel this authorization but that my withdrawal is only effective to the extent that action has not already been taken, as a result of my signing this form. In order to withdraw this authorization written notification is required. This authorization will remain in effect until this request is processed unless you specify this authorization will be effective for an additional time period. Written consent is necessary to revoke this request. I have had an opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes.

Student Signature

Date

(Please complete **RELEVANT** sections only)

NOTE: FOR LEARNING DISABILITIES – Please include a psycho-educational evaluation with intelligence and achievement testing (*utilizing adult norms*), administered by a psychiatrist or educational psychologist. (*students may request an evaluation from the [Regents Center for Learning Disorders](#) at Georgia State; contact [AACE](#) for information*)

DIAGNOSTIC INFORMATION

(Please Print Legibly)

If mental or psychological, please include DSM-V code(s): _____

Diagnosis/Disability and relevant DSM-V Code	Date of Diagnosis	Mild	Moderate	Severe	Expected duration or Prognosis

Date of initial contact: _____

Date of last contact: _____

1. Is the student/patient currently under your care? ___Yes ___No

2. List current medications(s), impact, and adverse side effects.

3. If the student is currently undergoing medical treatment, please describe and indicate how the treatment might affect the student academically.

4. Major Life Activity Assessment

Please indicate what major life activity/ies is/are substantially limited and may result in specific functional limitations in a postsecondary academic setting (i.e., problems sitting for long periods of time, unable to type for more than ten minutes, unable to walk more than 50 feet without fatigue, when active may incapacitate, etc.). Please provide any relevant comments.

	Mild	Moderate	Severe
Bending			
Breathing			
Caring for Oneself			
Communicating			
Concentrating			
Eating			
Hearing			
Interacting with Others			
Learning			
Lifting			
Major Bodily Functions			
Memorizing			
Performing Manual Tasks			
Reaching			
Reading			
Seeing			
Sitting			
Sleeping			
Speaking			
Standing			
Thinking			
Walking			
Working			
Writing			
Other:			
Other:			

5. Are there any situations or environmental conditions that might lead to an exacerbation of the condition?

6. Recommended accommodations: Academic Housing (List specific accommodations):

7. For Housing accommodation(s): (*Deadlines: This document is due to AACE as early as possible. Applications submitted later will be considered; GSU will make a good faith effort to provide reasonable accommodations but may not be able to guarantee that appropriate residential provisions will be completed within that semester.)

a) Have you submitted your application for University Housing: Yes No N/A

b) Date you applied for housing: _____ Date admitted to GSU: _____

c) This request is for housing assignments that begin: Fall Spring Summer YR _____

d) Expected duration of accommodation: Permanent Chronic/recurring

e) Temporary – date condition started: _____ ended: _____

f) Disability/Diagnosis that is basis for this request: _____

g) Describe the impact and functional limitations of the condition relative to the residence environment and list any recommended accommodations for mitigating impact :

8. For Academic Accommodation(s): Describe the impact and functional limitations of the condition relevant to the classroom environment and list any recommended accommodations for mitigating impact.

PROVIDER INFORMATION
(Please sign and complete fully)

Signature: _____ Date: _____

Print Name and Title: _____

License or Certification #: _____

Address: _____

Telephone: _____

To protect student's confidentiality, please send all information to:

Georgia State University Access and Accommodations Center (AACE):

Alpharetta: Building 3705
Room 1440
3705 Brookside Parkway
Alpharetta, GA 30022
Phone: 770-274-5616
Fax: 678-240-6309
Email: alpcds@gsu.edu

Atlanta: Student Center East
Suite 205
55 Gilmer Street
Atlanta, GA 30303
Phone: 404-413-1560
Fax: 404-413-1563
Email: access@gsu.edu

Clarkston: Building CB
Suite 1300
555 N. Indian Creek Drive
Clarkston, GA 30021
Phone: 678-891-3385
Fax: 678-891-3082
Email: clacds@gsu.edu

Decatur: Building SF
Room 2311
3251 Panthersville Road
Decatur, GA 30034
Phone: 678-891-2406
fax: 678-891-2867
Email: decdds@gsu.edu

Dunwoody: Building NA
Room 2100
2101 Womack Road
Dunwoody, GA 30338
Phone: 770-274-5235
Fax: 770-274-5257
Email: duncds@gsu.edu

Newton: Building 2N
Room 2405
239 Cedar Lane
Covington, Ga 30014
Phone: 678-891-2530
Fax: 678-891-3624
Email: newcnds@gsu.edu