

# Access & Accommodations Center (AACE)

## ELIGIBILITY VERIFICATION FORM

AACE 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.

AACE 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: AACE 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.**

[AACE 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?

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6. 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 :

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7. 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.

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**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](mailto: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](mailto: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](mailto:clacds@gsu.edu)

Decatur: Building SF  
Room 2311  
3251 Panthersville Road  
Decatur, GA 30034  
Phone: 678-891-2406  
fax: 678-891-2867  
Email: [deccds@gsu.edu](mailto:deccds@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](mailto:duncds@gsu.edu)

Newton: Building 2N  
Room 2405  
239 Cedar Lane  
Covington, Ga 30014  
Phone: 678-891-2530  
Fax: 678-891-3624  
Email: [newcds@gsu.edu](mailto:newcds@gsu.edu)