Special Needs Request Form

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SEMESTER ENTERED

If you have any physical, emotional, or learning disabilities and would like for us to assist where possible, please complete this form and return it in person or by mail to East Georgia College, Attn: Counseling and Disability Services Office, 131 College Circle, Swainsboro, GA 30401. Your assistance will aid our efforts to provide services as needed by students with disabilities. For questions, please contact Anna Marie Reich at (478) 289-2039 or areich@ega.edu.

Name: _____
Last First Middle

Social Security Number or Student Id Number: _____-_____-_____

Will be attending East Georgia College in _____ Swainsboro _____ Statesboro

Services Needed: _____
_____
_____
_____
_____
_____
_____

Services Previously provided by Education Institutions:
_____
_____
_____
_____
_____
_____

Please use the following section to outline any information that you think will assist us in providing services for you. You may attach copies of medical reports from physicians, professional examination report (i.e.-audiologist exam) or any other information that you think will assist East Georgia College's effort to provide services to you.

_____ _____
Signature **Date**

Address: _____

City: _____ **State**: _____ **Zip**: _____

Telephone #: (_____) _____ **Email**: _____