



## Voluntary Declaration of Disability

Student ID Number -- Birth Date //  
Or Social Security Number Month Day Year

Name: \_\_\_\_\_  
Last First Middle Maiden

Mailing Address: \_\_\_\_\_  
PO Box #/ Street Apt# (if applicable) City State Zip

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

1. I am a :  New Freshman  Returning Student  Transfer Student

2. I plan to enter East Georgia College:

Fall 20\_\_\_\_\_  Spring 20\_\_\_\_\_  Summer \_\_\_\_\_ Semester

Campus:

Swainsboro  Statesboro site

3. Disabling Conditions (*check all that apply*):

Acquired Brain Injury  Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder

Physical Condition  Learning Disability  Mobility

Psychological  Sensory  Other: \_\_\_\_\_

4. I have a physical disability and request accommodations in housing:

Yes  No

5. Desired Accommodations (*check all that apply*):

Extended Testing Time  Reduced Distraction Testing Environment

Books in Alternate Format  Use of a Word Processor  Assistance of a Reader

Adaptive table or chair  Permission to tape record lectures  Preferential Seating

Other (*Explain*): \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

If applicable, 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, Georgia 30401. For questions, please contact Anna Marie Reich (Swainsboro campus) at (478) 289-2039, [areich@ega.edu](mailto:areich@ega.edu); or Dr. Tori Kearns (Statesboro site) (912) 688-6912, [tkearns@ega.edu](mailto:tkearns@ega.edu).