



Voluntary Declaration of Disability

The Counseling and Disability Services department exists to ensure equal access to education for students with all types of documented disabilities including, but not limited to, learning, medical, physical, psychological, ASD, and other disabilities. We offer a variety of support services to assist students in ensuring access and in meeting their educational goals. Privacy is maintained. **If you have a disability**, please complete the form below. We will contact you to discuss the type of services we offer.

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 (_____) _____ - _____ Alternate (_____) _____ - _____

Email Address: _____

- 1. I am a: New Freshman Former/Returning Student Transfer
- 2. I plan to attend: Fall 20 _____ Spring 20 _____ Summer 20 _____

Location: Swainsboro Statesboro Augusta

- 3. Disabling Conditions (*check all that apply*):
 - Acquired Brain Injury Attention Deficit Disorder/Attention Deficit Hyperactive Disorder
 - Health/Physical Psychological/Emotional (incl. ASD, PTSD, anxiety, depression, other)
 - Learning Disability Hearing /Visual/Speech Mobility
 - Other, not otherwise classified: _____

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

PREVIOUS ACCOMMODATIONS

As a result of the disabilities that you indicated on the previous page, what accommodations, if any, have been made for you in the past? For example, these may have included: note taking, audio books, testing accommodations, etc. (Check all that apply. As well, list others that are not already listed below.) A determination of appropriate accommodations at EGSC will be based on your identified functional limitations, your documentation, and your past recommended accommodations.

Note taking Audio books Extended test time Tests read Quiet/separate test setting Spell checker

Calculator Interpreter Large font Braille Accessible classroom Captioned materials Other (list below):

DOCUMENTATION

Documentation of disability, and your specific functional limitations, determine the accommodations provided in the higher education setting. Please attach a copy of your documentation to this form or return this form today and forward the documentation of disability as soon as possible. For more information on the appropriate documentation to submit, please go to the University System of Georgia's Academic & Student Affairs Handbook, Section 3.11, Appendix D. Disability Documentation. https://www.usg.edu/academic_affairs_handbook/section3

Return form and documentation to: East Georgia State College
Attn: Counseling and Disability Services Office
131 College Circle, Swainsboro, Georgia 30401
Fax: (478) 289-2118