



Voluntary Declaration of Disability

To submit a request for college accommodations, send completed form to:

Swainsboro or Augusta

East Georgia State College
Counseling and Disability Services
131 College Circle
Swainsboro, GA 30401

Statesboro

East Georgia State College
Counseling and Disability Services
10449 US HWY 301 South
Statesboro, GA 30458

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 Former student Returning Student Transient Student Transfer Student

2. I plan to attend East Georgia State College:

Fall 20____ Spring 20____ Summer ____

Semester Location: Swainsboro Statesboro Augusta

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

Acquired Brain Injury Attention Deficit Disorder/Attention Deficit Hyperactive Disorder Sensory

Learning Disability Physical Condition Mobility Psychological 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 Adaptive table or chair Permission to tape record lectures

Preferential Seating Assistance of a Reader Other (*Explain*): _____

Student Signature

Date