APPENDIX B
SOUTH GEORGIA COLLEGE
APPLICATION FOR ACCOMMODATIONS FOR DISABILITIES

Please Type or Print

Name: _____
Last First MI

Tiger ID: _____ Social Security # *(optional)*: _____

Address: _____

_____

Telephone: _____

Major: _____ Date Entered SGC: _____

Accommodation(s) Requested:

_____

_____

_____

Indicate the source(s) of documentation you will use to support your request:

_____ Regents' Center for Learning Disorders at Georgia Southern University

_____ Other Agency

Upon South Georgia College=s receipt of test evaluations, I hereby authorize the release of approved accommodations to appropriate faculty and staff. If attending the Douglas campus, I will enroll in Student Support Services for tutoring and other learning support services.

_____
Signature

_____
Date

Please return this form to:

Douglas Campus:	*Valdosta Campus:*	*Georgia Southwestern Campus:*
Student Support Services	Director	Coordinator
South Georgia College	SGC Entry Program	SGC Entry Program
100 West College Park Drive	1500 Patterson Street	800 GSW State University Drive
Douglas, GA 31533-5098	Valdosta, GA 31698	Americus, GA 31709