

Office Use only

V _____

M _____

VOLUNTARY DECLARATION OF DISABILITY

This form is to be completed only if you have a disability and are requesting academic accommodations.

The information on this form is **confidential** and will be released only to those individuals responsible for providing assistance to students with disabling conditions.

Please check the area(s) that best describe(s) your disability:

Learning Disability

Physical Disability

Attention Deficit Disorder

Hearing/Visual/Speech Disability

Psychological Disability

Other (please describe)

_____ ***I have a physical disability and request accommodations in housing.***

Please provide us with the following information:

Date: _____

Student's Name: _____ ID# _____

Address: _____

(City)

(State)

(Zip Code)

Phone No.: _____

Cell Phone: _____

Email: _____

I am a first time beginning freshman

Returning Student

Transfer

I plan to begin attending Georgia South Georgia College: Semester _____ Year: _____

After Disability Services receives this form, we will send you information on documentation requirements for you to complete and return.

If you have any questions concerning this procedure, please contact Jessica Miller, Director of the Disability Services, at (912) 260-4438.