



Special Assistance Request Form

Dear Student:

If you are a student with a disability who will have special needs while at Georgia College, please complete this form and return it to:

Georgia College
Admissions
Campus Box 23
Milledgeville, GA 31061

Please check the appropriate responses:

1. **Do you have a disability that substantially limits one or more major life activity?** YES NO
If the answer to this question is "NO", do not complete or return this form.

2. **What is the nature of your disability?**

(check all that apply)

- ADHD
- Blind
- Cardio-vascular disease
- Deaf
- Head injury
- Hearing impaired
- Learning disabled
- Mobility impaired
- Psychological/psychiatric
- Seizures
- Visually impaired
- Other (please list) _____

3. **Limit major life activity (check all that apply):**

- Climbing stairs
- Participation in physical activities
- Reading
- Talking
- Walking
- Writing
- Other (please list) _____

4. **Will you receive assistance from the Division of Vocational Rehabilitation, the Division of Services for the Blind or other agencies?** If so, please specify:

5. **Please fill in the following information:**

Name _____ GCID _____

Permanent Address _____ street _____ city _____ state _____ zip _____

Home Phone _____ Date of Birth _____

Classification: New Freshman New Transfer Graduate Student
(circle one) Returning Student Continuing Student

I certify that this information is accurate.

Student's Signature _____ Date _____

It is the responsibility of the student to notify the university of your disability. The university will provide accommodations in accordance with the ADA and section 504. To contact the Office of Disability Support Services:

Disability Services
130 Lanier Hall • Campus Box 123 • Phone 478-445-5931 • Fax 478-445-1959