

Completing the Online Request for Services Form

From <https://www.gcsu.edu/disability/accessing> you will see the link (https://gcsu-accommodate.symplicity.com/public_accommodation/) for the online form.

Please do not complete this form until you have all of your documentation ready to upload.

Provide your Physician/Psychiatrist with the [Documentation Questionnaire for Physicians and Psychiatrists \(pdf\)](#) and, when prompted to upload supporting documents, upload the Documentation Questionnaire along with any copies of a current psychological evaluation, IEP/504 plan from high school, and confirmation of accommodations on the SAT/ACT.

Once the form is open, please complete the following information:

Student Information:

- First Name
- Last Name
- Middle Name
- GCID
- Bobcats Email
- Phone Number (Please enter the student's cell phone number.)

Select "Yes" or "No" to the following questions:

- Do you receive Vocational Rehabilitation services?
- Are you a veteran?
- Are you a prospective or new student?
- Are you a transient student?

Specific Accommodation Information:

- Disability Diagnosis: Click the "Add" button to add one or more disabilities that you have been diagnosed with by a licensed professional.
- Type in your answers: How your disability/ies affect you both outside and inside the classroom, including testing and studying situations.
- Type in your answers: Please list/describe any services/accommodations you previously received. If you have never received services/accommodations, please type "N/A".

- Type in your answers: Please list the accommodations you are interested in requesting at Georgia College. **Disclaimer:** A submitted Request for Services and documentation is not a guarantee of accommodations.

Authorization to Release Information:

- Select “I agree” if you agree to release information to the Regents Center for Learning Disorders.

Authorization to Communication Information:

- Select “Yes” or “No” to communicate with the following parties. If “yes”, please type the applicable name(s), email address(es), and phone number(s).
 - Parent/Guardian(s)
 - Vocational Rehabilitation Case Manager/Counselor
 - Georgia College Academic Advisor
 - Medical Provider(s)
 - Professors(s): If all professors are applicable please do not list each one.
 - Other Individuals

Upload supporting documents:

- Please provide the [Documentation Questionnaire for Physicians and Psychiatrists \(pdf\)](#) along with any copies of a current psychological evaluation, IEP/504 plan from high school, and confirmation of accommodations on the SAT/ACT. Documentation must follow the [University System of Georgia Documentation Guidelines](#).

Please prove that you are not a robot:

- Check the box

To finish, click the green “Submit” box. You will receive a confirmation email to your Bobcats email address.