

# South Georgia State College

## VOLUNTARY DECLARATION OF DISABILITY Self-Identification Form

**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 #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I am a first time beginning freshman

Returning Student

Transfer

I plan to begin attending South Georgia State College: Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any questions concerning this procedure, please contact Annette Nation, Disability Services Coordinator.**

Douglas Campus

Student Success, Powell Hall - Room 118, 912.260.4435

Waycross Campus

Student Success, Dye Building – Room 130, 912.449.7593

Email

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