

South Georgia State College
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:

- | | |
|---|---|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Hearing/Visual/Speech Disability |
| <input type="checkbox"/> Psychological Disability | <input type="checkbox"/> 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, at (912) 260-4435 or visit the Office of Disability Services in room 118, Powell Hall.
annette.nation@sgsc.edu