



COUNSELING AND STUDENT
ACCESSIBILITY SERVICES

Voluntary Disclosure of Disability Form

Welcome:

We want your experiences here to be positive. The following information provides background about the Student Accessibility Center and your rights as a client. Ask your SAS Coordinator if you have any questions.

Services:

The Albany State University Student Accessibility Center offers a variety of accommodations by trained professional in Accessibility services and programs. All care is overseen and supervised by the Counseling and Student Accessibility Director.

Student Accessibility Services is designed to provide access to students in an effort for collegiate success. Student Accessibility Services may include discussions of your personal challenges and difficulties which can elicit uncomfortable feelings (i.e., sadness, guilt, anger, and frustration). If needed student(s) are able to, also, enroll in counseling services with no fee. Accommodations assist to improve academic performance, solutions to specific problems, and reductions in your feeling of distress. However, there is no assurance of these benefits.

Rights and Responsibilities:

You have the right to a copy of your file at any time. You have the right to request that we correct any errors in your file. You have the right to request that we make copies of your file available to any other health care provider at your written request. We keep very brief records and maintain your records in a secure location that cannot be accessed by anyone else.

You have the right to ask questions about Student Accessibility Services. We are always willing to discuss how and why we have decided to do what we are doing and to look at alternatives that might work better for you. You are free to discontinue accessibility services at any time.

Consent:

I have read this statement and accept these terms.

Client signature _____ Date _____

Witness signature _____ Date _____



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To the student: The Student Accessibility Services Center is designed to help students with special needs. If you are requesting accommodations, please submit the following documents and return them (together) to the listed location:

- (1) Completed Voluntary Disclosure of Disability Form, (2) Completed Authorization for Release of Information and Healthcare Provider Information Sheet, (3) Documentation of disability—current statement from medical doctor or evaluation from psychiatrist/psychologist, (4) Copy of detailed course schedule (schedule with names of instructors) for current semester—print from BANNER

*Please note: Each semester, to request accommodations, submit copy of your detailed course schedule.

Counseling and Student Accessibility Services
Albany State University
Billy C. Black Building Office 170
504 College Drive
Albany, GA 31705
(229) 500-2013 Main number (229) 500-4933 Fax number

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

Were you referred to this office because of an academic problem? Yes__ No__

Date of application_____ Semester_____ On campus__ Off campus__

Student name_____ RAM ID_____

Classification_____ Local address_____

City_____ State____ ZIP_____ Cell phone_____

Home phone_____ Email_____

Veteran: Yes__ No__ SSI/SSA? Yes__ No__ Insurance waiver (Medicaid, MR, MH, etc.)? Yes__ No__

Have you received previous accommodations? Yes__ No__ Where and When: _____

Type of disability: Mark all that apply.

- __ Attention Deficit Disorder (ADD) __ Attention Deficit Hyperactivity Disorder (ADHD) __ Brain injury (TBI)
__ Dyslexia __ Hearing impaired __ Mobility impaired __ Other learning disorder (LD) __ Psychological disorder
__ Visually impaired __ Other (explain)_____

Certification
By signing below, you acknowledge that all information submitted is correct.

Student signature_____

For office use only

Reviewed by_____