<u>To the student</u>: The Student Disability 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, (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 you need accommodations, you must provide a copy of your detailed course schedule.

Counseling and Student Disability Services
Albany State University
Billy C. Black Building Room 170
504 College Drive
Albany, GA 31705

(229) 500-2013 Main number

(229) 500-4933 Fax number



Albany State University Voluntary Disclosure of Disability Form

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 acader	nic problem? Yes No		
Date of application	Semester	On campus Off campus	
Student name	_ RAM ID	_ Classification	
Local address	City	State ZIP	
Cell phone Home pho	ne		
Email	Veteran: Yes No SSI/SSA	? Yes No	
Insurance waiver (Medicaid, MR, MH, etc.)? YesN	lo		
Have you received previous accommodations? Yes	No Where and when?		
Type of disability: Mark all that apply.			
Attention Deficit Disorder (ADD)Attention DeficedMobility impairedOther lead_Other (explain)	arning disorder (LD)Psychological di		

Certification

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

Student signature	
For office use only	
Reviewed by	