



Disabilities Services Student Information

Date _____ Academic Year _____ Semester Fall Spring

Name _____ GCU ID # _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Residence Hall Phone _____

Residence Hall Name _____ Room # _____

GCU E-Mail* _____

***We will only e-mail you at your GCU e-mail address.*

Nature of Your Disability (check all that apply):

- ADD Blindness Learning Disability Hearing Impairment
 ADHD Deafness Visual Impairment Other (explain below)

When was your disability first diagnosed? Month _____ Year _____

Date of most recent evaluation Month _____ Year _____

Student Signature _____ Date _____

No Changes for the Semester Date _____ Student Initials _____



Disabilities Services Consent for Release of Information

I, _____ **(print name)**, hereby give my written consent for the Academic Development and Support Center to release pertinent information (psychological, medical, and/or academic) to the following:

- My Instructors at Georgian Court University Yes No _____ Initials
- My Parent(s) or Guardian(s) Yes No _____ Initials
- Academic Development and Support Center Staff Yes No _____ Initials
- Counseling Center Staff Yes No _____ Initials
- Georgian Court University Personnel (as needed) Yes No _____ Initials
- Other (please specify): _____ Yes No _____ Initials

I further release all parties stated herein from any legal liability resulting from the release of this information with the understanding that all parties involved will exercise sufficient safeguards while using this information.

I am aware that Georgian Court University will accommodate my educational and special individual needs to the greatest extent possible. However, I am aware that the university does not provide personal devices, such as wheelchairs; individually prescribed devices, such as hearing aids; or services of a personal nature, including assistance in eating, toiletries, dressing, or transportation for personal needs. Should I require these services, I understand that it is my responsibility to obtain this assistance on my own.

Student Signature _____ Date _____

GCU ID # _____

No Changes for the Semester Date _____ Student Initials _____



Receipt of ADA/504 Plan Accommodation Letter

Student Name _____ Semester _____

Dear Faculty Member(s):

This certifies that the above named student has requested accommodations as established by an ADA/504 plan, based on documentation on file in the Academic Development and Support Center. The student is responsible for discussing accommodations with the instructor.

This form is only valid for one semester.

Please acknowledge receipt of the ADA/504 plan by signing below:

Course	Instructor Signature	Date

Please call Luana Fahr, director of the Academic Development and Support Center on the lower level of the Sister Mary Joseph Cunningham Library with any questions or concerns.

STUDENTS: PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS AND RETURN A COPY TO LUANA FAHR.