



Accessibility and Testing

Student Affairs

UNIVERSITY OF GEORGIA

Request for Services Form

Accommodation Process

Please Note: All information submitted is considered confidential under the Family Educational Rights and Privacy Act (FERPA) and is maintained separately from a student's academic records.

Complete the Request for Services Form

You may submit this form at any time, though early submission is encouraged as accommodations are not retroactive and are most effective when implemented before the semester starts.

Submit Current Disability Documentation

Along with the *Accessibility and Testing Request for Services Form*, students must submit supporting documentation from a qualified provider. Documentation should meet University System of Georgia (USG) guidelines, which are available on the Accessibility and Testing website. You can upload it securely with your application, or send it via fax, mail, or hand delivery. If you have questions, contact: intake-drc@uga.edu. If you have any questions or concerns about the documentation requirements please contact our office.

Intake Review and Meeting with Accommodations Coordinator

Once your application and documentation are received, the intake team will review the request. You'll be contacted via your UGA email if additional information is needed or to schedule a meeting with an accommodations coordinator to begin the interactive process to determine accommodation eligibility.

If you need assistance completing the application, want more information about services, or require the form in an alternative format, please contact our office by emailing intake-drc@uga.edu or by calling 706-542-8719.

Instructions

Please answer all questions thoroughly. If a question doesn't apply (e.g., diagnosis for an Emotional Support Animal request), select "Not applicable" or make a note in the space provided.

General Information

Application Information:

Start Term (Semester and Year): _____

Expected Graduation Term: _____

Personal Information:

First Name _____

Preferred Name: _____

Middle Name: _____

Last Name: _____

School ID (81X): _____

Date of Birth: _____

Gender: _____

Contact Information:

UGA Email Address (required): _____

Other Email Address (optional): _____

Primary Phone Number (required): _____

Other Phone Number (optional): _____

Local Address (required) _____

Permanent Address (optional): _____

Additional Information:

Affiliations:

Collegiate Recovery Community

UGA Student Athlete

Veteran

Non-UGA Affiliated Campus and
Conference Attendee- Housing Only

Embark@UGA

Vocational Rehabilitation

TRIO

Campus:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Athens | <input type="checkbox"/> Buckhead |
| <input type="checkbox"/> Griffin | <input type="checkbox"/> Gwinnett |
| <input type="checkbox"/> Health Sciences Campus | <input type="checkbox"/> Online |
| <input type="checkbox"/> Tifton | |

Questionnaire

Question 1: Current Class Status

- Incoming 1st Year Student
- Current Undergraduate Student (please list under the additional comment section)
- Incoming Graduate Student
- Current Graduate Student
- Incoming or Current Graduate Student (please list under the additional comment section)
- Incoming Transfer Student
- Dual Enrollment
- Other (please list under the additional comment section)

Additional Comment:

Question 2: Major or Program of Study

Question 3: Current University Academic Standing (if applicable)

- Not applicable, incoming student
- Good Standing
- Academic Warning
- Academic Probation
- Academic Suspension
- Prefer to discuss with Accessibility and Testing coordinator

Question 4: Have you failed, withdrawn from, or taken and incomplete for any of your courses?

- Yes, please specify below
- No
- Unsure
- Prefer to discuss with Accessibility and Testing coordinator

Additional Comment:

Question 5: Disability and/or diagnosis (if you have multiple, please list all):

Question 6: Date(s) of disability and/or diagnosis:

Question 7: How does your Disability and/or diagnosis impact you in an academic environment?

Question 8: Do you have a current treatment plan (e.g., medication, specialist visits, psychiatry, therapy, on campus resources, etc.)?

Question 9: Are you connected to any UGA resources? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Student Care and Outreach (SCO) | <input type="checkbox"/> Counseling and Psychiatric Services (CAPS) |
| <input type="checkbox"/> Office for Student Success and Achievement (OSSA) | <input type="checkbox"/> University Health Center (UHC) |
| <input type="checkbox"/> Center for Counseling and Personal Evaluation (CCPE) | <input type="checkbox"/> The Fontaine Center |
| <input type="checkbox"/> Relationship and Sexual Violence Prevention (RSVP) | <input type="checkbox"/> I am not currently connected but am interested. |

Additional Comment:

Question 10: Did you have an academic accommodation plan in high school?

- I did not receive accommodations
- IEP (Individualized Educational Plan)
- 504 Plan
- Accommodations through a Private School

Please list the approved accommodations if applicable:

Question 11: Did you receive accommodations on any national standardized exams? If so, please indicate below and attach documentation at the end of this application.

- Not Applicable
- SAT
- ACT
- GRE
- LSAT
- Other

Additional Comment:

Question 12: List any colleges previously attended and any academic accommodations and/or services used there, if applicable. Please upload your documentation at the end of this application.

Question 13: Please list the academic accommodations that you are requesting for UGA (academic accommodations can refer to both classroom and testing accommodations).

Question 14: Please list any auxiliary aids, equipment, assistive technology, and/or other services you anticipate using while attending UGA.

(e.g., ASL interpreter, ALDs, Braille, Speech-to-text, etc.)

Question 15: If you are living ON CAMPUS, do you require residential housing accommodations?

DISCLAIMER: We cannot guarantee room location or preference along with approved housing accommodations.

- Yes, I require disability related housing accommodations
- No, I don't require disability related housing accommodations
- Not applicable because I am living off campus
- I'm not sure at this time

If yes, please describe how your disability impacts your experience in a residence hall setting and specify the accommodations you are requesting to support your needs.:

Question 16: I understand that my request for accommodations cannot be approved until all documentation is submitted and approved by the Accessibility and Testing.

Detailed eligibility criteria can be found on our website at www.accessibility.uga.edu

- I am attaching my documentation with my application.
- I will submit my documentation later
- I will fax, mail, email, or hand deliver my disability documentation to the Accessibility and Testing office.
- I will not be submitting documentation at this time. I understand that it is my responsibility to contact the intake team at intake-drc@uga.edu to schedule a time to discuss this further.

Additional Comment:

Question 17: I authorize Accessibility and Testing to submit my documentation to the University of Georgia Regents' Center for Learning Disorders for review to assist with the determination of reasonable accommodations using University System of Georgia documentation guidelines.

- Yes, please sign name below
- No, not currently. I would like to discuss further with Accessibility and Testing.

Signature for Release:

Question 18: By selecting yes, I am authorizing Accessibility and Testing to discuss my documentation with the clinician who authored the documentation, or other qualified personnel, should further clarification be required.

- Yes, I authorize the Accessibility and Testing to discuss my documentation with the clinician who authored the documentation, or other qualified personnel, should further clarification be required.
- No, not at this time. I would like to discuss this further with Accessibility and Testing

Signature for Release:

Question 19: By submitting this form, I certify that the information provided is correct.

I understand that in order to be eligible for accommodations at the University of Georgia, I must:

1. Submit this completed form,
2. Submit my disability documentation
3. Attend an information meeting with my assigned accommodations coordinator

Signature:

Date: _____

**Please return the completed application with supporting disability documentation to
Accessibility and Testing:**

Mailing Address:

Accessibility and Testing
Clark Howell Hall
825 South Lumpkin
Athens, GA 30602-3338

Fax: 706-542-7719 OR **Email:** intake-drc@uga.edu
