



Disability Services Intake Form

Today's Date: _____

NAME: _____

GTC Student ID: 900

ADDRESS: _____

PHONE: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: _____

GTC EMAIL: _____ @ student.GwinnettTech.edu

Current Treating Professional: _____ Phone: _____

Medications: _____

CONFIDENTIAL DISCLOSURE STATEMENT

I hereby authorize Gwinnett Technical College to obtain documentation of the stated disability(s) and to contact and discuss this information with necessary Gwinnett Tech faculty/staff and other applicable support agencies. I understand the purpose of communicating any such information is to allow the college to plan for any accommodations and adjustments, which may be necessary in order to provide an equal educational opportunity.

Furthermore, I authorize Gwinnett Technical College to discuss or release test scores, grades, and any other documentation to:

_____ and/or _____ and/ or _____
(Parent, guardian, spouse, Voc Rehab, VA Rehab or other person listed- circle one of these and write the name of person in space above)

I understand that it is my responsibility to inform Disability Services of my schedule for each semester and of any subsequent changes to the schedule or the instructors.

In case of an emergency, please contact, _____ at phone # _____ or _____.

STUDENT SIGNATURE: _____ **DATE** _____

How did you hear about Disability Services at Gwinnett Tech? (Check all that apply)

- GTC Website GTC Orientation GTC One Stop GTC Move On When Ready Office (MOWR)
- Vocational Rehab Transition Fair High School Counselor GTC Instructor
- Other: _____

***** **FOR OFFICE USE ONLY** *****

FIRST SEMESTER REGISTERED WITH DS: ___ FALL ___ SPRING ___ SUMMER 20___

BANNER codes for disability (circle one or all that apply): H1 H2 H3 H4 H5 H6 H7 H8 H9 HA HB HC HD HE

Documentation Status: ___ Adequate ___ Inadequate ___ Pending

Documentation Type: ___ Permanent ___ Temporary Expiration: _____

Is this a temporary disability? ___ Accommodations Expire _____

Explanation _____