

Disability Services Intake Form

LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

Gwinnett Technical College

NAME:	GTC Student ID: <u>900</u>
ADDRESS:	PHONE:
CITY/STATE:	DATE OF BIRTH:
GTC EMAIL:	@ student.GwinettTech.edu
Current Treating Professional:	Phone:
Medications:	
CONFIDENTIAL D	ISCLOSURE STATEMENT
I hereby authorize Gwinnett Technical College to obtain docun information with necessary Gwinnett Tech faculty/staff and oth communicating any such information is to allow the college to necessary in order to provide an equal educational opportunity.	plan for any accommodations and adjustments, which may be
Furthermore, I authorize Gwinnett Technical College to discuss	s or release test scores, grades, and any other documentation to:
and/or	and/ or
(parent, guardian, spouse, Voc Rehab, VA Rehab or other person liste	d- circle one of these and write the name of person in space above)
In order to receive services, I have been advised to bring a condition I understand that all aspects of my financial aid are my respons	by of my current schedule to Disability Services each semester. ibility.
In case of an emergency, please contact,	at phone # or
This release is subject to revocation in writing at any time, but	revocation can have no effect on disclosures previously made.
STUDENT SIGNATURE:	DATE
How did you hear about Disability Services at Gwinnett Te	ch?(check all that apply)
☐ Gwinnett Tech Website ☐ Gwinnett Tech Orientation	☐ Gwinnett Tech One Stop ☐ Gwinnett Tech Dual Enrollment
☐ Vocational Rehab ☐ Transition Fair ☐ High Scho Counselor	ol
□ Other:	
**************************************	ice Use Only******************************
BANNER codes for disability (circle one or all that apply):	ice use only
H1 H2 H3 H4 H5 H6 H7 H8 H9 HA HB HC HD H1	${f E}$

Office of Disability Services

(Revised 8/02/16)