GWINNETT TECHNICAL COLLEGE
RELEVANT KNOWLEDGE NOW
A unit of the Technical College System of Georgia

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 _____