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THE MARGARET A. STATON  
OFFICE OF DISABILITY SERVICES  
DIVISION OF STUDENT AFFAIRS

### CONFIDENTIAL CASE INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Preferred Name/Nickname \_\_\_\_\_

Birth date \_\_\_\_\_ Gender: Female Male

GSU E-mail \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Alternate Email \_\_\_\_\_

Student ID# \_\_\_\_\_ Marital Status: S M D W

Cell # (\_\_\_\_) \_\_\_\_\_ Local Phone (\_\_\_\_) \_\_\_\_\_

Year: FR SO JR SR Grad PhD Major \_\_\_\_\_

Are you currently enrolled? Y\_\_ N\_\_ If no, anticipated start date \_\_\_\_\_

Are you a transient student? Y\_\_ N\_\_ Are you a transfer student? Y\_\_ N\_\_

Have you ever served in the military? Y\_\_ N\_\_

Local Address \_\_\_\_\_  
(Street, Dorm, or PO Box)

\_\_\_\_\_  
(city) (state) (zip)

Perm Address \_\_\_\_\_ Perm Phone (\_\_\_\_) \_\_\_\_\_  
(Street, Dorm, or PO Box)

\_\_\_\_\_  
(city) (state) (zip)

Disability (briefly describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Last Evaluation/Diagnosis \_\_\_\_\_

**(turn over)**

Vocational Rehabilitation Counselor \_\_\_\_\_ Ph(\_\_\_\_) \_\_\_\_\_  
(If applicable) (Your Counselor's Name)

\_\_\_\_\_  
(city) (state) (zip)

Assistive Learning Technology you will bring with you to GSU \_\_\_\_\_

**DISABILITY RELATED MEDICAL INFORMATION**

Medical Doctor \_\_\_\_\_ Psychologists/Psychiatrist \_\_\_\_\_  
(Name) (Name)

Current Medications for disability \_\_\_\_\_

Medical Restrictions \_\_\_\_\_

**EDUCATION**

HS GPA \_\_\_\_\_ SAT \_\_\_\_\_ ACT \_\_\_\_\_  
(Verbal) (Mathematical)

Previous Colleges/Technical Schools \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(city) (state) (zip)

**DO NOT WRITE BELOW THIS LINE**

**Approved Accommodations:**

- |   |   |
|---|---|
| <input type="checkbox"/> DOUBLE TIME ON OBJECTIVE EXAMS                     | <input type="checkbox"/> BOOKS IN ALTERATIVE FORMAT                       |
| <input type="checkbox"/> DOUBLE TIME ON ESSAY EXAMS                         | <input type="checkbox"/> USE OF AUDIO RECORDER IN CLASS                   |
| <input type="checkbox"/> DOUBLE TIME ON MATH EXAMS                          | <input type="checkbox"/> ALTERNATE TEST FORMAT (see below)                |
| <input type="checkbox"/> TESTING IN A DISTRACTION-REDUCED ENVIRONMENT       | <input type="checkbox"/> USE OF SIGN LANGUAGE/ORAL INTERPRETER IN CLASS   |
| <input type="checkbox"/> OCCASSIONAL EXCEPTION TO ABSENTEE TARDINESS POLICY | <input type="checkbox"/> USE OF COMPUTER WITH SPELL/GRAMMAR CHECK         |
| <input type="checkbox"/> OCCASSIONAL EXTENSION OF DUE DATE                  | <input type="checkbox"/> HANDOUTS, TESTS, ETC. GIVEN IN ELECTRONIC FORMAT |
| <input type="checkbox"/> USE OF COLOR OVERLAYS                              | <input type="checkbox"/> USE OF VOICE-ACTIVATED SOFTWARE                  |
| <input type="checkbox"/> USE OF VOLUNTEER CLASS NOTETAKER                   | <input type="checkbox"/> USE OF SCREEN-READER SOFTWARE                    |
| <input type="checkbox"/> USE OF 4 FUNCTION CALCULATOR ON EXAMS              | <input type="checkbox"/> BRAILLED TESTS AND HANDOUTS                      |
| <input type="checkbox"/> CCTV OR ENLARGED TEXT FOR EXAMS                    | <input type="checkbox"/> USE OF FORMULA/NOTE CARDS                        |
| <input type="checkbox"/> PRIORITY SEATING CLASSROOM                         | <input type="checkbox"/> USE OF HAND-HELD SPELLER                         |
| <input type="checkbox"/> OTHER _____  |   |

\_\_\_\_\_  
( Student Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
( Counselor Signature)

\_\_\_\_\_  
(Date)