

Suite 230, Student Center  
Atlanta, GA 30303-3083  
Phone: 404/413-1560 voice  
TTY: 404/413-1564  
Fax: 404/413-1563

## Voluntary Disclosure Of Disability

Georgia State University is committed to providing quality education to all its students. If you have special needs that are a result of a disability and need reasonable accommodations that will help you to be more self-sufficient and more successful, please complete this form and return it to:

**Margaret A. Staton**  
**Office of Disability Services**  
**44 Courtland Street**  
**Suite 230**  
**Atlanta, GA 30303**

This disclosure is voluntary, however, a student requesting accommodations has the legal responsibility to do so in a timely manner and to provide the institution with appropriate, current documentation of the disabling condition. Completing this form is the first step in the process. This form must be submitted before the registration process can proceed.

The information on this form will be kept confidential and will not be used to discriminate in any manner. By law, the information you provide about your disability cannot affect the decision to admit you to Georgia State University. The information on this form will be released only to those individuals responsible for providing assistance to students with disabilities.

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### DO NOT COMPELTE OR RETURN THIS FORM IF YOU DO NOT HAVE A DISABILITY

Name \_\_\_\_\_ Panther ID \_\_\_\_\_  
LOCAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

#### NATURE OF DISABILITY

\_\_\_ Attention Deficit/ADHD  
\_\_\_ Deafness  
\_\_\_ Hard of Hearing  
\_\_\_ Blindness  
\_\_\_ Low Vision  
\_\_\_ Mobility Impairment  
\_\_\_ Learning Disability  
\_\_\_ Other \_\_\_\_\_

#### LIMITED MAJOR LIFE ACTIVITY

\_\_\_ Reading  
\_\_\_ Writing  
\_\_\_ Mathematics  
\_\_\_ Mobility/Motor function  
\_\_\_ Attention  
\_\_\_ Physical Activity  
\_\_\_ Speech  
\_\_\_ Other \_\_\_\_\_

Year in School:

\_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Graduate Proposed Major \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_