Office of Disability Services

Request for Services form

Office Location:
Smithgall Student Service Building
Suite 221
353 Ferst Drive
Atlanta, GA 30332-0285

Office Hours:
Monday-Friday
8:00am-5:00pm

Office Contact:
Main Office: 404-894-2563
Testing Center: 404-385-2325
TTY: 404-894-1664
Fax: 404-894-9928
Website: www.disabilityservices.gatech.edu
Email: dsinfo@vpss.gatech.edu
Students with disabilities at the Georgia Institute of Technology will find programs designated to coordinate academic accommodations and promote access to all phases of university life. Such programming is coordinated through the Office of Disability Services.

The Office of Disability Services is a functional part of the Office of the Dean of Students. Disability Services personnel oversee and coordinate programs to ensure accessibility to students with disabilities on an individual basis. Georgia Institute of Technology strives to provide equal access to a college education as well as support to students with disabilities in their experience in the university community.

**OBTAINING SERVICES**

To obtain services through the Office of Disability Services at the Georgia Institute of Technology the student must:

- Complete and submit a “Request for Services” form.
- Submit appropriate documentation in the form of an evaluation performed by a qualified professional (such as a licensed physician, psychologist, audiologist, etc.)
- Attend an Intake appointment with a Disability Services staff member to address documentation, appropriate accommodations and services, and office policies.

Students may submit information at any time during the semester. However, it can take up to fifteen (15) business days for the information to be reviewed. Applications will not be reviewed until both the “Request for Services” form and supporting documentation have been received. This information can be mailed, faxed, emailed, or delivered in person.

Once the information has been received, students will receive an email confirming receipt of the completed application. Information will be reviewed on an individual, case-by-case basis in the order that it is received. If you have not heard from Disability Services within three (3) weeks of submitting your “Request for Services” form and documentation, please contact the office. After the review, students will be notified via email whether their documentation meets Georgia Tech criteria.

- If the disability documentation does not meet established criteria, the student will be informed of the additional information that is needed.
- If the submitted documentation meets the established criteria, the student will be contacted to schedule an Intake appointment with a Disability Services staff member.
Office of Disability Services
Request for Services Form
(To Be Completed by Student)

Name (First Middle Last): ____________________________

Preferred Name: _______________ Cell Phone Number: _____________

Georgia Tech ID Number: _______________ Date of Birth: _____________

Georgia Tech E-Mail: ____________________________

Personal Email (optional): __________________________

Date of initial enrollment at Georgia Institute of Technology: _____________

Current Standing (Freshman, Sophomore, etc.): __________________________

Major: ____________________________ Are you a veteran? _____________

Current medication(s): ____________________________

Diagnosed Disability: ____________________________

Date of onset/initial diagnosis: ____________________________

Limitations disability has on student’s functioning at Georgia Tech:

Please personally describe the reasonable accommodation(s) requested: If additional space is needed please attach an additional page.
Office of Disability Services
Student Responsibilities and Procedures

Faculty members are not obligated to provide academic accommodations for your disability needs unless you are registered with the Office of Disability Services.

After registering with Disability Services, students must provide their instructors with a copy of the Faculty Accommodation Form. The Faculty Accommodation Form indicates to professors that you have provided sufficient documentation of your disability and that the accommodation(s), which you are requesting, should be considered appropriate and reasonable.

Faculty Accommodation Forms should be given to faculty at the beginning of the semester.

Faculty Accommodation Form will only be issued when the following steps are completed:

1. Submit a completed Request for Services form as well as sufficient medical, psychosocial, psychoeducational, or neuropsychological documentation indicating the student's disability from a qualified professional. Students must allow the Disability Services office fifteen (15) working days to process and review your application.

2. Meet with the Program Coordinator or Director of Disability Services regarding requests for accommodations. Students are strongly encouraged to complete this step within the first two weeks of the semester to ensure that accommodations can be made in a timely manner.

STUDENT PROCEDURES

1. Pick up Faculty Accommodation Forms at the beginning of each semester from the Disability Services office.

2. Meet with each of your instructors individually to provide them with a copy of the Faculty Accommodation Form.

3. Use this meeting time to discuss your approved accommodations and any classroom environmental needs and/or questions regarding the course assignments or structure. This may be an appropriate time to discuss other extenuating circumstances (such as side effects from prescribed medications, the use of assistive devices or services, specifics of testing accommodations, etc.) with faculty/instructors.

4. The faculty member should retain a copy of the Faculty Accommodation Form.

5. The signature page of the Faculty Accommodation Forms should be signed by all of your professors/instructors and returned to the Office of Disability Services as soon as possible. The signature page must be submitted before students will be allowed to use the Testing Center.

6. Read and be familiar with the “Accessing your Accommodations” and “Testing Accommodations” documents provided at the beginning of the semester or after you complete registration.

☐ By checking this box, you agree that you have read and agree to the conditions outlined in this Request for Services Form.

__________________________________________
Student Signature and Date
Office of Disability Services
Student Expectations

The following expectations are designed to enhance the overall development of students registered with the Office of Disability Services and are important to the success of students at the Georgia Institute of Technology.

1. Please contact Disability Services if you are having difficulty in obtaining your accommodations inside or outside of the classroom.

2. If you are out of school for one term or more (excluding summer) you must notify Disability Services upon your return if you desire continued services and to be sure that all services are in place for you before starting classes.

3. Students are required to be familiar with the “Accessing your Accommodations” and “Testing Accommodations” documents that can be found on our website. These documents are also sent out at the beginning of each semester. If you complete the registration process mid-semester, they should be emailed to you after your intake.

4. Students with disabilities must maintain the same level of academic integrity and responsibility as students without disabilities. This includes achieving the same academic standards, attending class, and providing timely notification of individual needs. A failure to abide by the Georgia Tech Honor Code and rules of the Disability Services office will result in a loss of services.

5. Students using the Testing Center for alternate testing must adhere to guidelines for testing sign-up deadlines and finals week scheduling.

6. Students using note taking services must attend the class in which supplemental notes are provided.

☐ By checking this box, you agree that you have read and agree to the conditions outlined in this Request for Services Form.

________________________________________________________________________

Student Signature and Date
Office of Disability Services
Authorization for Release of Confidential Information

In signing this statement, I, ____________________, hereby authorize the release of information to the Georgia Institute of Technology Disability Services Director, Program Coordinator or designed staff member.

I understand this allows information to be supplied to any Georgia Tech Faculty and/or staff member on a need to know basis. I understand providing this information is used only to substantiate the need for accommodations and the nature of accommodations required.

Do you authorize the Office of Disability Services to release information to your parents/relatives or other party, as needed? If yes, please list their names in the spaces provided below:

YES ☐ NO ☐

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Contact Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have the option to list specific people that I wish to be excluded from this release. I can take the opportunity to update this list each semester. Please do not release information regarding my disability to the following Georgia Tech faculty or staff members. If I wish to add or delete names from the list, I will provide written notice. Please list name and department:

Your signature indicates you have read and understand this information.

_____________________________________

Student Signature and Date

This authorization remains in effect for each term that you are a student at the Georgia Institute of Technology unless you revoke it in writing.