Georgia Tech students may request temporary accommodations for short-term disabilities. Temporary disabilities may include, but are not limited to: broken bones, temporary conditions caused by surgery, and other conditions that may impact academic and campus life.

In order to obtain assistance, please fill out the information requested below, attach supporting documentation and submit completed information to: Office of Disability Services, Suite 221, Smithgall Student Services Building, email to: adaptsinfo@mail.gatech.edu, or fax to: 404-894-9928.

Please enter the information below:

Date: ____
Name (first middle last): ____
GT Email: ____
Cell Phone: ____
GT ID Number: ____

ACCOMMODATION REQUEST

Please check all boxes that apply:

☐ Alternate Transportation (Stingerette Services only)

Please note: To request a parking accommodation, a state-issued parking permit should be submitted to Parking and Transportation. State-issued parking permits must be obtained through a state authorized agency. Disability Services no longer handles parking-related requests. Please allow 48 business hours (2 business days) in order to obtain Stingerette Services. Business days do not include weekends or institute holidays. Requests received after 3:00pm will be counted as received the next business day.

☐ Classroom Notes

Assistance in taking notes, class attendance is required

☐ Testing Accommodation

Assistance on exams in the form of a scribe or location to makeup missed exams, subject to availability in the Disability Services Testing Center

☐ Other (please specify): ____

DOCUMENTATION

Accommodation requests must be accompanied by appropriate documentation of the temporary condition. Appropriate documentation, consisting of an official letter, printed on letterhead, from a qualified medical professional, should describe the medical condition, expected duration of the limitation, and any recommendations for accommodation. Prescriptions written on a prescription pad are not accepted as appropriate documentation.

Contact Us: 404-894-2563; adaptsinfo@mail.gatech.edu
(Please Complete Additional Information on Pg. 2)
Class Schedule Information

Please fill in your class information below. If you have more than 5 courses, please use the space at the bottom to complete the additional course information.

Course Number (ex. MATH 1501 A): ____
Course Name (ex. Calculus 1): ____
Day(s) and Time (ex. MWF 10:05-10:55): ____
Professor Name & Email: ___

Course Number (ex. MATH 1501 A): ____
Course Name (ex. Calculus 1): ____
Day(s) and Time (ex. MWF 10:05-10:55): ____
Professor Name & Email: ____

Course Number (ex. MATH 1501 A): ____
Course Name (ex. Calculus 1): ____
Day(s) and Time (ex. MWF 10:05-10:55): ____
Professor Name & Email: ____

Course Number (ex. MATH 1501 A): ____
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Professor Name & Email: ____

Course Number (ex. MATH 1501 A): ____
Course Name (ex. Calculus 1): ____
Day(s) and Time (ex. MWF 10:05-10:55): ____
Professor Name & Email: ____

Field Below For Office Use Only

Date Received: Date Entered: Completion Date: Initials:

Form modified 8/5/2014