

**Student Request for Disability Support
Intake Form**

NAME: _____ GTC Student ID (or SS#): _____
ADDRESS: _____ GTC E-Mail: _____
_____ Date of Birth: _____

Medications: _____

Name of agency (circle one) Voc. Rehab., VA Rehab., Other _____
Name of Counselor/Doctor: _____ Phone Number #: _____

Receiving Financial Aid: ___ None ___ PELL ___ HOPE ___ VA ___ Voc Rehab ___ Other

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)

In order to receive services, I have been advised to bring a copy of my current schedule to the disability counselor each quarter. I understand that all aspects of my financial aid are my responsibility. I hereby certify that I am 18 years of age or older.

In case of an emergency, please contact, _____ at phone # _____ or _____.

This release is subject to revocation in writing at any time, but revocation can have no effect on disclosures previously made. This authorization expires without express revocation 5 years from the date, which appears below.

STUDENT SIGNATURE _____ **DATE** _____

DISABILITY COUNSELOR _____ **DATE** _____

***** **For Office Use Only** *****

BANNER codes for disability (circle one or all that apply):

- H1** Mentally Retarded (Low IQ below 70)
- H2** Hearing Impaired
- H3** Deaf
- H4** Speech or Language Impairment
- H5** Visually Impaired Or Blind
- H6** Seriously Emotionally Disturbed (Schizophrenia, PTSS, Depression)
- H7** Orthopedic Impairment (Wheel Chair, Carpal Tunnel, Cerebral Palsy, Absence of some member, Other)
- H8** Other Health Impaired (Leukemia, Epilepsy, Diabetes, Heart Disease, Sickle Cell Anemia)
- H9** Deaf and Blind
- HA** Multiple Disabilities (more than 1 severe disability where at least one of the disabilities does not fit any of these categories)
- HB** Specific Learning Disability (Dyslexia)
- HC** Attention Deficit Disorder (ADD or ADHD)
- HD** Autism
- HE** Traumatic Brain Injury

Circle one of the following: High School Diploma - GED - Special Education Diploma or Certificate