



**Student Disclosure of Disability/
Request for Accommodations**

NAME _____ **ID:** _____

ADDRESS _____

PHONE _____

What is the nature of your disability? (Check all that apply)

- | | | | |
|------------------------------|-------|----------------------------|-------|
| Partial hearing loss | _____ | Drug or alcohol dependency | _____ |
| Total hearing loss | _____ | Heart problems | _____ |
| Partial vision loss | _____ | Respiratory problems | _____ |
| Total vision loss | _____ | Behavioral disturbance | _____ |
| Speech impediment | _____ | Learning disability | _____ |
| Emotional Disturbance | _____ | ADHD | _____ |
| Epilepsy | _____ | | |
| Limited use of legs | _____ | Other (please specify) | _____ |
| Limited use of arms or hands | _____ | | _____ |

CONFIDENTIAL DISCLOSURE STATEMENT

I, _____, understand that I am responsible for providing documentation of my disability to the Special Populations/Disabilities Coordinator at Wiregrass Georgia Technical College (WGTC). I hereby authorize WGTC to contact necessary support agencies and discuss needed information with WGTC faculty and/or staff. I understand that 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 opportunity education.

I have been advised to bring a copy of my schedule to the Special Populations/Disabilities Coordinator each semester and to sign an Individual Accommodation Plan (IAP). I agree to have each of my instructors sign the IAP and return the original document to the Special Populations/Disabilities Coordinator. If I choose not to do this, I understand that I will not be eligible to receive accommodations during that semester of enrollment.

STUDENT SIGNATURE _____ DATE _____

SPECIAL POPS COORDINATOR _____ DATE _____