



Disability Services Intake Form for GED® Preparation Classes

FIRST NAME: _____ LAST NAME: _____
(Exactly as listed on your ID) (Exactly as listed on your ID)

ADDRESS: _____ PHONE: _____

CITY/STATE: _____ DATE OF BIRTH: _____

EMAIL: _____

Current Treating Professional: _____

Phone: _____

Medications: _____

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

I understand that these accommodations are provided for my classes and my TABE tests. Accommodations for the GED exam must be requested through GED Testing Service®. I further understand that if I wish to receive accommodations for college level classes after completing my GED, I may be asked to provide additional documentation.

This release is subject to revocation in writing at any time, but revocation can have no effect on disclosures previously made.

STUDENT SIGNATURE: _____ **DATE** _____