



### Disability Services Student Information

Student First Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Student ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Disability or Disabilities: \_\_\_\_\_

How do your symptoms affect you in College? \_\_\_\_\_

\_\_\_\_\_

Which accommodations are you requesting: \_\_\_\_\_

\_\_\_\_\_

What else do you want us to know about you: \_\_\_\_\_

\_\_\_\_\_

In order to administer the Disability Services (DS) program, DS will need to communicate with campus partners. Shared information will be limited to disability-related needs (e.g. accommodations) and will be shared only on a need-to-know basis.

Please note that accommodations will not be implemented until appropriate documentation has been received that supports the accommodation request/s.

**I give permission to Georgetown College Disability Services to share information and understand that the guidelines of [FERPA](#) will be followed.**

I agree (check box)

Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_