



Middle Georgia
State University

Accessibility Services Intake Form

Name: _____ Student ID: _____

MGA Email: _____ DOB: _____

Telephone: _____ Age: _____ Relationship Status: _____

Address: _____

Major: _____ Minor(s): _____ Veteran: _____

Person to contact in case of emergency:

Name: _____ Relationship: _____

Phone: _____ Other: _____

Have you ever been diagnosed with having a disability? Yes ___ No ___

What year was the diagnosis made? _____

Do you have the following documentation:

504 _____ IEP _____ Current Psychological Evaluation _____

Doctor's letter _____ VA Records _____

Please describe the nature of your disability:

Accommodations you are requesting at MGA:

Please indicate any accommodations & services received at previous academic institution(s):

The Office of Accessibility Services provides assistance at no cost to students currently enrolled at MGA. Students must be attending class at the time services are sought. Participation is mandatory if requesting accommodated services. Our hours for Fall and Spring semester are 8:00am to 5:30 pm Monday through Thursday and 8:00am to noon on Friday. Hours for Summer semester are 7:30am to 6:00pm Monday through Thursday and off on Fridays. Services are provided by appointments made in person or by phone. Email may also be used to schedule appointments, but may not be used to discuss any confidential information pertaining to a student's record with our office. Regardless of the age of the student receiving assistance from this office, the Accessibility Service Provider (ASP) will be working and communicating primarily with the student and parental involvement will be minimal.

Please initial and date if acceptable. Initial _____ Date _____

The Office of Accessibility Services and its providers are in place to be a resource. Our office encourages the student to be an advocate on their own behalf and practice regular and timely communication with the faculty and staff. Student are expected to reply to emails/phone calls from the ASP and their instructors in a timely manner. Students are also expected to be responsible in registering for their tests/exams through testing services. In addition, students will be assisted in learning about the full range of services available on campus, but it will be the responsibility of the student to utilize these resources and not expect the ASP to make appointments, schedule meetings, and other student obligations.

Please initial and date if acceptable. Initial _____ Date _____

Information students share while registered with the Office of Accessibility Services will be held with utmost confidentiality. Information students share in meetings or generated through testing services will be held in confidence and not shared without written permission. Exceptions to this occur if and when an ASP needs to communicate with other academic offices (i.e. Student Affairs, Testing Services, professors) regarding a student's accommodation. Other exceptions would occur if, in the judgement of the ASP, such a disclosure were necessary to protect the student or someone from imminent danger, disruption of the academic environment, or if their records were subpoenaed by a Court of Law.

Please initial and date if acceptable. Initial _____ Date _____