



P.O. Box Jamestown, NC 27282
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Federal Law prohibits Disability Services from making pre-admission inquiries about disabilities. *dis* Ability Access Services has been designated on campus to assist students with disabilities. In order to provide this assistance, it is necessary for students with disabilities to identify themselves in a timely manner. Please remember that any information you provide is strictly voluntary and will be kept confidential.

In order to facilitate your learning experience at Guilford Technical Community College, we ask that you complete the following information and return this form along with proper disability documentation to *dis* Ability Access Services.

Name: _____
(Last Name, First Name, Middle Initial)

Student ID#: _____ Date of Birth: _____

Gender: Male Female

Mailing Address:

Street/PO Box: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Program of Study: _____

Please answer the questions below and on the next page by checking the appropriate response:

Have you requested Disability Services in the past? Yes No

If yes, when? _____

******* Important – Please read carefully *******

*dis*Ability Access Services facilitates access to programs and services at Guilford Technical Community College through the provision of accommodations and services. All requests for accommodations/services must be supported by official documentation that includes a diagnosis of a disabling condition.

An individual is considered to have a "disability" if s/he has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. Major life activities include; seeing, hearing, speaking, walking, breathing, performing manual tasks, learning, caring for one's self, and working.

Based on the definition above, do you have a disability that substantially limits one or more major life activities? Yes No

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Physical/Mobility | <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Blindness/Visual Impairment |
| <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Other (list below) |

Other: _____

What major life activity is involved? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Cognitive ability | <input type="checkbox"/> Talking/Speech |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Physical activities |
| <input type="checkbox"/> Math | <input type="checkbox"/> Other: (list below) |

Other: _____

How will the disability affect you in the classroom? (Please be specific and provide examples)

Please read and sign below:

- It is the student's responsibility to make a disability known, and provide proper documentation from an appropriate professional describing a diagnosis, functional limitations, and recommended academic accommodations.
- It is the student's responsibility to request services in advance each semester.
- It is the student's responsibility to keep instructors and disAbility Access Services informed of implementation and effectiveness of academic accommodations.
- The student understands that academic accommodation aids are not automatically granted.
- Students registered with dis Ability Access Services must adhere to student behavior guidelines outlined in the GTCC Student Handbook and the College catalog.

My signature below certifies that the information provided is accurate and acknowledges that I am fully aware of my responsibilities as it relates to my request for disability services. My failure to follow these guidelines may result in a delay or interruption of services.

Student's Signature

Date

Parent/Guardian Signature for minors (under age of 18)

Date

Please return this completed form along with supportive documentation to: Guilford Technical Community College - dis Ability Access Services – P.O. Box 309 – Jamestown, NC 27282

It is strongly recommended that you submit appropriate documentation regarding your disability at least 20 days prior to requesting accommodations.