

## Pre-Admission Registration Form

This form is for students who would like to receive accommodations for ACCUPLACER Testing ONLY. Requesting accommodations requires at least a **two-week** notice. Less time may not guarantee accommodations for your test date.

**Directions:** Complete this form, attach all supporting documents, and return to SSS Disability Support.

Today's Date: \_\_\_/\_\_\_/\_\_\_ Semester & Year Applying:  Fall 20\_\_\_  Spr 20\_\_\_  Sum 20\_\_\_

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

First

Middle

Last

GHC ID Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Street, Apt. Number

City

State

Zip Code

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

**Disability Category (Select all that apply):**

Acquired Brain Injury (ABI)

ADD/ADHD

Autism Spectrum

Blind/Low Vision

Chronic Illness

Deaf/Hard of Hearing

Learning Disability

Mobility

Psychological

Other (explain): \_\_\_\_\_

**Accommodations Requested (Select all that apply):**

Extended time on essay

Small group setting

Four Function Calculator

Screen reading software

Speech to text software

Other (explain): \_\_\_\_\_

**By signing below, I agree to the following:**

- It is my responsibility to provide current documentation of my disability, and that failure to provide this documentation will result in not receiving accommodations for ACCUPLACER testing. Disability documentation guidelines are available on the University System of Georgia's website, Academic & Student Affairs Handbook, Section 3, [Appendixes D & E](#).
- I hereby authorize the release of information between Disability Support, Testing, and Advising on a need to know basis. This authorization is only in regards to ACCUPLACER testing.
- If accommodations are provided, they are temporary and ONLY for ACCUPLACER testing.
- If admitted to GHC, I will have to return to the Disability Support Office and formally apply for services.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_