



REQUEST FOR SERVICES FORM

The Disability Resource Center (DRC) is committed to providing equal access for students with disabilities at UGA. If you require accommodations at UGA, this form will provide you with the opportunity to request these accommodations from our office.

OVERVIEW:

In order to receive accommodations, please complete the following steps:

1. Submit the Request for Services form below
2. Submit current disability documentation that meets DRC guidelines. Documentation guidelines can be accessed here: Documentation Guidelines (<https://drc.uga.edu/students/documentation-guidelines>).

You can fax, mail, or hand deliver your documentation to our office. Our contact information is listed at the end of this page.

3. Attend an initial interview with your assigned disability coordinator.

After you submit your application, it will be reviewed by the intake coordinator. If we require additional information, we will contact you via your UGA email address. Once your application has been reviewed, you will be assigned to a disability coordinator who will contact you to set up an initial interview where you will discuss setting up accommodations.

You can complete this application at any time, although we encourage students to complete it as early as possible. Once everything is submitted, the process to evaluate the application takes around 1-4 weeks, so the earlier you submit the application, the earlier we can begin that process. All information provided to the DRC is confidential.

DIRECTIONS FOR COMPLETING THE REQUEST FOR SERVICES FORM:

Please answer all questions as completely as possible. Most questions are required, so if a question does not apply to you, please either select "Not applicable" or write it in the space provided. If you require more room for written responses, you are welcome to attach additional pages.

If you have any questions while completing this application, or would like more information about our services, please contact our office.

DRC Contact Information

Address: 114 Clark Howell Hall, Athens, GA 30602-3338

Phone Number: 706-542-8719

Fax Number: 706-542-7719

Email Address: dsinfo@uga.edu

REQUEST FOR SERVICES FORM

Page 2 of 8

PERSONAL INFORMATION:

Start Term (example Fall 2016)

Note: Please indicate the term when you would like to start your services.

Expected Graduation Term (example Spring 2019)

Note: Please indicate the term you expect to graduate.

First Name

Last Name

Middle Name

Optional: Preferred Name

Student ID

Hint: Enter 9 digit numeric UGA student ID, usually beginning with 810 or 811

Birth Date

Hint: Enter date in the following format Month / Day / Year (i.e. 12/31/2010)

Gender

Male

Female

Not specified

Prefer not to answer

Preferred Pronouns

He / Him / His

She / Her / Hers

They / Them / Theirs

Not Listed

REQUEST FOR SERVICES FORM

Page 3 of 8

CONTACT INFORMATION:

Cell Phone Number:

Land Line Phone Number:

Email Address:

LOCAL ADDRESS:

Address:

City:

State:

Zipcode:

PERMANENT ADDRESS:

Same as Local Address

Address:

City:

State:

Zipcode:

ADDITIONAL INFORMATION:

Seeking Degree

Undergraduate

Masters Degree

Education Specialist Degree

Law Degree

Pharmacy Degree

Veterinary Medicine Degree

Doctoral Degree

REQUEST FOR SERVICES FORM

Page 4 of 8

Affiliations (check any that apply):

Athletics
Collegiate Recovery Community
DRC Academic Coaching
TRIO
Veteran
Vocational Rehabilitation

Campus Location

Athens
Buckhead
Griffin
Gwinnett
Health Sciences Campus
Online
Tifton

QUESTIONS:

1. Current UGA Status

Incoming 1st year student
Current undergraduate student Specify Year
Incoming graduate / professional student
Transfer student
Other: Specify

2. Major

3. Disability Diagnosis

4. Date of Disability Diagnosis

5. Current Medications (if applicable)

Response

REQUEST FOR SERVICES FORM

Page 5 of 8

6. How does your disability impact you in an academic environment?

Response

7. Please list any academic accommodations and / or services that you used in high school, if applicable:

Not applicable

Accommodations used

8. Please list any colleges previously attended and any academic accommodations and / or services used there, if applicable:

Not applicable

Accommodations used

9. Please list any accommodations that you used on any national standardized exams (SAT, ACT, GRE, LSAT, etc.), if applicable:

Not applicable

Accommodations used

10. Please list the academic accommodations that you are requesting for UGA (academic accommodations can refer to both classroom and testing accommodations):

Response

REQUEST FOR SERVICES FORM

Page 6 of 8

11. Do you live on or off campus?

- On campus (Undergraduate Housing)
- On campus (Family & Graduate Housing)
- On campus (Health Sciences Campus)
- Off campus
- Prefer not to answer
- Additional comment or note

12. HOUSING: If you live ON CAMPUS, do you require residential housing accommodations?

- Yes
- No
- Not applicable
- Additional comment or note

13. HOUSING: If you live ON CAMPUS, how does your disability affect you in a residence hall setting?

- Not applicable
- Response

14. HOUSING: If you are living ON CAMPUS, what specific housing accommodations are you requesting, if applicable?

- Not applicable
- Response

REQUEST FOR SERVICES FORM

Page 7 of 8

15. Please list any auxiliary aids, equipment, assistive technology, and/or other services you anticipate using while attending UGA:

None
Response

16. Do you need assistance with transportation and/or parking?

Yes
No
Not Sure
Response

17. Do you need accommodations for any of the following? Please check all that apply:

Placement Exams
Study Abroad programs
Field courses / trips
Internship courses
Clinical courses
Other (specify below)
I'm not sure
Not applicable
Response

REQUEST FOR SERVICES FORM

Page 8 of 8

18. I understand that my request for accommodations cannot be approved until all documentation is submitted and approved by the Disability Resource Center. Detailed eligibility criteria can be found on our website at the link listed in the instructions. Please select your chosen method of submitting your documentation below:

I will upload my documentation later

I will fax, mail or hand deliver by disability documentation to the Disability Resource Center.

Fax: 706-542-7719

Mail: Disability Resource Center

114 Clark Howell Hall

Athens, GA 30602

Hand delivery: 825 South Lumpkin Street
(park at Tate Student Center)

19. I authorize the Disability Resource Center to discuss my documentation with the clinician who authored the documentation, or other qualified personnel, should further clarification be required.

Signature

Date

20. By submitting this form, I certify that the information provided is correct. I understand that in order to be eligible for accommodations at the University of Georgia, I must (1) submit this completed form, (2) submit my disability documentation, and (3) complete an initial interview with a coordinator at the Disability Resource Center.

Signature

Date