

# Disability Services & Resources (DSR) Office Enrollment Form



Name: \_\_\_\_\_ A Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Personal E-mail (Not GSCC email): \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**This section must be completed.**  
**Describe Your Disability:** *(Include a list of necessary medications, if applicable; continue on back if necessary.)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Did you receive accommodations at a previous high school or college? Y \_\_\_ N \_\_\_  
If "Yes", where and when? \_\_\_\_\_  
**Accommodation Request:** *(What kind of academic adjustments and modifications would you like to receive? Continue on back if necessary.)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you want the DSR Office to discuss your academic progress or confidential information protected by FERPA with a family member or guardian, please print their name and relationship here:** *(Continue on back if necessary.)*  
\_\_\_\_\_  
**If you are a client with the Alabama Department of Rehabilitation Services, please list:**  
Name of Counselor: \_\_\_\_\_ Office (County): \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

My signature below indicates that the above information is true and accurate and that I have read, understand and accept my responsibilities as listed below. It also indicates that I give permission for the DSR office to discuss the requested accommodation(s) with my instructors, College officials and other agencies / schools if deemed necessary to provide reasonable accommodation(s).

**In order to obtain these accommodations, I acknowledge that it is my responsibility to:**

- Inform the DSR Office EACH semester that accommodations are requested.
- Contact instructors about accommodations when they have been emailed the Academic Modification and Adjustments form. (I will be copied on the email.) I do not have to disclose my specific disability to the instructor but I am responsible for ensuring that the details are mutually understood.
- Contact proctor or instructor to schedule testing accommodations **one week in advance** in order for the instructor and the proctor to work out details related to the testing. Any disagreements about reasonable testing accommodations should be referred to the ADA Coordinator.
- Report any concerns about accommodations to the ADA Coordinator immediately so they can be addressed in a timely manner .

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

**CONFIDENTIAL**