

# Disability Services & Resources (DSR) Office Enrollment Form (Please Print)



Name: \_\_\_\_\_ A Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Personal E-mail (Non 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:** *(List accommodations you would like to receive. Continue on back if necessary.)*

\_\_\_\_\_

**Please mark one:**

I would like accommodations, as written in my Academic Adjustments and Modification form, to be provided to all my instructors each semester I am enrolled at Gadsden State. If that decision changes or if my accommodations need revised, I will notify the DSR office. (One week's notice required.)

I do not want accommodations automatically. I will be responsible for sending an email requesting accommodations for that semester and clarify the teachers who should be notified.

**If you give permission for the DSR Office to discuss your academic progress or confidential information protected by the Family Educational Rights and Privacy Act (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 (ADRS), please list:**

Name of Counselor: \_\_\_\_\_ Office (County): \_\_\_\_\_

My signature below indicates: that the above information is true and accurate; that I have read, understand and accept my responsibilities; 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:**

- Contact instructors about accommodations when they have been emailed the Academic Modification and Adjustments form. (I will be copied on the email.) 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**

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