



## VOLUNTARY DISCLOSURE OF DISABILITY STUDENT DATA SHEET

Office of Disability Services  
3 College Drive  
Brunswick, GA. 31520  
Ph. (912) 279-5806

The Office of Disability Services at College of Coastal Georgia provides accommodation for students with disabilities who have submitted appropriate documentation to support their requests. In order to disclose a disability, please complete the following form and return the address above.

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

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

Phone # \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

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

Please list any disabilities for which you are requesting accommodations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list accommodations that you may be requesting. The Office of Disability Services staff is not responsible for providing personal services (i.e. transportation to campus, care attendants, etc.).

_____	_____
_____	_____
_____	_____

I understand that I am voluntarily disclosing information regarding my disability to Office of Disability Services staff at CCGA.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

CCGA is an institution of the University System of Georgia and is an Affirmative Action, Equal Opportunity, Equal Access institution in compliance with ADA regulations.