



Valdosta State University

Voluntary Disclosure of Disability Student Data Sheet

Access Office

Valdosta State University
1500 N Patterson St
Valdosta GA 31698-0280
Ph 229-245-2498 • Fax 229-245-3788 • TTY 229-219-1348

The Access Office provides accommodations 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 to the address above.

_____	870	_____
NAME	STUDENT ID	DATE OF BIRTH
_____	_____	_____
PERMANENT ADDRESS	PERMANENT TELEPHONE	
_____	_____	
LOCAL ADDRESS	LOCAL TELEPHONE	

EMAIL		

Please list any disabilities for which you are requesting accommodations:

Please list accommodations that you may be requesting. For a list of commonly requested accommodations, please visit our website at <http://www.valdosta.edu/access>. The Access Office is not responsible for providing personal services (i.e.: transportation to campus, care attendants, etc.).

I authorize the Access Office staff to communicate with Valdosta State University Faculty and Staff members on my behalf for the purpose of implementing requested accommodations.

_____	_____
STUDENT SIGNATURE	DATE

VSU is an affirmative action, equal opportunity, ADA institution.