



Disability Services Temporary/Pregnancy Documentation Form

Student name and GGC ID number:

Student anticipated recovery date or due date if applicable

Description of any known complications or conditions due to the temporary condition or pregnancy that may interfere with the academic environment

Description of timeframe (if any) that the student would need accommodations to be able to participate in the academic environment due to the temporary disability, pregnancy, recovery or care of the child

Please provide other information (attach or describe below) that would be helpful for the college in order to accommodate this student during their temporary status, pregnancy, recovery or care of the child.

Please note that if there is a cognitive component to this person's temporary disability, neurological testing/data information should be provided as well and attached to this form as outlined:

https://www.usg.edu/academic_affairs_handbook/section3/C793 .

Provider name and title:

License #:

Provider address and phone:

Provider signature and date:

