



ABRAHAM BALDWIN AGRICULTURAL COLLEGE

Student Development Center
ABAC 48, 2802 Moore Highway Tifton, Georgia 31793-2601
229-391-5135 • Fax 229-391-5136
www.abac.edu

RELEASE OF INFORMATION

I, (please print) _____, hereby authorize Dr. Maggie Martin, Director of the Student Development Center and/or Ms. Annie Sims, Career and Personal Counselor, to release all confidential psychological data as well as other records I have provided (including academic) to the Regents Center for Learning Disorders (RCLD) for review and evaluation. This process is to determine if I meet the criteria for Learning Disabilities as outlined by the University System of Georgia Board of Regents. I realize that I may be required to have additional testing in order to maintain my eligibility for accommodations for Learning Disabilities, Attention Deficit Hyperactivity Disorder(s), and/or psychological diagnoses. I will accept the recommendations of the Regents Center for Learning Disorders based on the Regents Center for Learning Disorders evaluation.

Student Signature

Date

Witness

Date

I, (please print) _____, authorize Dr. Maggie Martin, Director of the Student Development Center and/or Ms. Annie Sims, Career and Personal Counselor, to discuss my personal (yes/no) and/or academic (yes/no) status with ABAC Personnel, VOC REHAB, Parents/Guardian, VAMC.

**PLEASE LIST BELOW NAMES OF INDIVIDUALS OR ORGANIZATIONS TO
WHOM YOU GIVE PERMISSION FOR OUR OFFICE
TO RELEASE OR DISCUSS YOUR PERSONAL AND/OR ACADEMIC INFORMATION.**

Example: Psychologist / Counselor, Neurologist, Medical Personnel

1. _____

3. _____

2. _____

4. _____

Student Signature

Date

Witness

Date



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Voluntary Declaration of Disability

If you have a disability that will require accommodation to allow you equal access to an education at Abraham Baldwin Agricultural College, we would like to help. The Student Development Center Office will need to know you require accommodations in order to assist you in obtaining them. Professors do not have to accommodate you academically if you do not have a documented disability. You do not have to self-identify to attend Abraham Baldwin Agricultural College.

Information you provide on this form will be kept confidential as required by law.

Please complete this form and mail it to: Abraham Baldwin Agricultural College
Student Development Center
ABAC 48 – 2802 Moore Hwy.
Tifton, GA 31793

or return it in person to Dr. Maggie Martin, Student Development Center, 2nd floor of the Student Center.

Full Name (*Print*): _____ Preferred Name _____
Home Address: _____
Street City State Zip
Email: _____ ABAC ID # _____
Cell Phone: _____ Home Phone: _____
Any other way we can reach you: _____
Signature: _____

Check as many as may apply:

- _____ Vision
- _____ Learning Disability
- _____ Hearing
- _____ Acquired Brain Injury
- _____ Speech
- _____ Psychological/Psychiatric
- _____ Mobility Impairment
- _____ Attention Deficit Hyperactivity Disorder
- _____ Chronic medical illness causing disabling conditions (Please specify):

Date Mailed _____

Date Received _____

Other (*please specify*): _____

