

Los Angeles City College - Office of Special Services  
UPDATE FOR OSS SERVICES - CONTINUING STUDENTS

---

The Los Angeles Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Office of Special Services (OSS) program. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C. 1232 (g)). Pursuant to Section 7 of the Federal Privacy Act (Public law 93-579, 5 U.S.C. § 552a, note), providing your social security number is voluntary. The information on this form is being collected pursuant to California Educational Code Section 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et seq.

---

Section I. General Information

Fall                                  Winter                                  Spring                                  Summer                                  Year: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

College Major: \_\_\_\_\_

(Please provide new information or write "Same" in the categories below)

Disability - Please note any changes in your disability status that you would like us to be aware of:

---

Services Requested - Please note any new requests or additional services you would like us to consider:

---

Medical, psychological, or educational professional who can verify your disability:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Emergency Information

List name of person to be notified in case of emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Statement of Student Responsibility

Los Angeles City College provides services and access for eligible students with documented disabilities who intend to pursue coursework at LACC. Through appropriate and reasonable accommodations, students are provided the opportunity to participate fully in all aspects of LACC programs.

Completion of this form is required before services are provided by OSS.

Student Responsibilities:

1. I will provide OSS with any information deemed necessary by OSS to verify my disability (ies); i.e., medical doctor or rehabilitation counselor complete name, address and phone number.
2. I will meet with an academic counselor to complete a Student Educational Plan and I agree to meet annually to update my Student Educational Plan.
3. I will make measurable progress towards the goals established in the Student Educational Plan and meet academic standards established by the college.
4. I will utilize the OSS services in a responsible manner according to the rights and responsibilities of OSS.
5. I will comply with the Student Code of Conduct adopted by the Los Angeles Community College District.

**\*I understand that I must fulfill the Program and Student Responsibilities in the OSS Program. I have received a copy of the policy on suspension of OSS services, and I understand the consequences of failing to comply with the rules for responsible use of OSS services. I understand that I will be notified before any action is taken to suspend services. By signing this application I affirm that I understand and agree with the OSS Program and student responsibilities and I will abide by them.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### -Office Use Only -

Update Process completed by: \_\_\_\_\_ Date: \_\_\_\_\_

## Los Angeles City College - Voter Preference Form

**If you are not registered to vote where you live now, would you like to apply to register to vote here today?**  
(Check One)

- Already registered. I am registered to vote at my current residence address.
- Yes. I would like to register to vote. (Please visit the [California Online Voter Website](#) to register)
- No. I do not want to register to vote.

**NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. YOU MAY TAKE THE ATTACHED VOTER REGISTRATION FORM TO REGISTER AT YOUR CONVENIENCE.**

Applicant Name \_\_\_\_\_

Date \_\_\_\_\_

### Important Notices

1. Applying to register or declining to register to vote will **not** affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.
3. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 - 11<sup>th</sup> Street, Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State's website at [www.sos.ca.gov](http://www.sos.ca.gov).