

Los Angeles City College

Office of Special Services

UPDATE FOR OSS SERVICES-CONTINUING STUDENTS

ALL ITEMS WITH A * NEXT TO THEM ARE REQUIRED

(Please Print in Black or Blue Ink)

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 male female

*Name _____ Email _____
 LAST FIRST M.

*Street Address _____ City _____ Zip _____

*Phone (home) _____ (work) _____

College Major _____

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

*1. Disability – Please note any changes in your disability status that you would like us to be aware of:

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

3. Medical, psychological, or educational professional who can verify new or additional disability:

Name _____

Phone _____ Email: _____

EMERGENCY INFORMATION

*1. List name of person to be notified in case of emergency:

Name _____

Relationship _____ Phone _____

Address _____ City _____ ZIP _____

2. List any medication that you are taking at the present time that should be recorded in case of emergency?

Name of Medication _____ Dosage _____

Name of Medication _____ Dosage _____

Statement of Student Responsibility

Los Angeles City College provides course related educational 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 information (medical, educational, psychological, etc.) deemed necessary by OSS to verify my disability (ies) including an appropriate professional's complete name, address, phone number and license 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 and understand that OSS uses written service provision policies and procedures that must be adhered to for continuation of services or my services may be suspended.
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.**

* Student Signature: _____ Date: _____

-Office Use Only-

Update process completed: _____ Date: _____