

Los Angeles City College - Office of Special Services
Application for 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: _____

Disability: _____

Services Requested: _____

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: _____