

Los Angeles City College - Office of Special Services

Application for New Services - NEW 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: _____

What are your educational goals? (Check all that apply)

- | | |
|--|-------------------------------------|
| Prepare for a new career (new skills) | Bachelor's degree after AA degree |
| Advance current job/career (update) skills | Bachelor's degree without AA degree |
| Vocational degree without transfer | Maintain certificate or license |
| AA degree without transfer | Improve basic skills |
| Vocational certificate without transfer | Undecided |

Check the age when your primary disability occurred:

- | | | |
|----------------|-----------------|-------------------|
| At Birth | 5 years & under | 6 to 18 years |
| 19 to 37 years | 38 to 55 years | 56 years and over |

Are you a consumer with the Department of Rehabilitation? Yes No

Are you receiving services from any other campus or community program related to a disability?

Yes No If Yes, please describe _____

Have you ever received services for students with disabilities from any other college before attending LACC?

Yes No If Yes, then list: _____

Are you receiving Financial Aid? Yes No

Are you a US Veteran? Yes No

Are you a Foster Youth? Yes No

I certify that the foregoing statements on my application for Office of Special Services are complete and accurate.

Signature: _____ Date: _____

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.

Signature: _____ Date: _____

Section II. Confidentiality

I, _____, grant permission for the Office of Special Services to release and exchange information consistent with the Federal Family Education Rights and Privacy Act of 1974, or other laws and regulations with the appropriate college staff through the Los Angeles Community College District. I am aware that all information will be used solely for the purpose of my educational planning and the implementation of services related to my disability. I am also aware that all information will be kept confidential. This release shall remain in effect until I notify OSS in writing that it is no longer valid.

I authorize the release of information that may include one or more of the following records:

Verification of Eligibility

Functional Limitation(s)

Academic Accommodation(s)

Education Records, Including Progress Reports, Assessment Scores

Other: _____

Signature: _____ Date: _____

Office Use Only

Application Processed By: _____

Summer/Fall Year _____

Winter/Spring

Disability and Services:

Physical	Hearing	Visual	L.D.	A.B.I
A.D.H.D	I.D.	Autism	Mental	

Other: _____

OSS Counselor/Specialist Signature _____ Date: _____

OSS Counselor/Specialist Signature _____ Date: _____

OSS Counselor/Specialist Signature _____ Date: _____