

Los Angeles City College - Office of Special Services  
Application for New Services - NEW STUDENTS

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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.

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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: \_\_\_\_\_

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Services Requested: \_\_\_\_\_

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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: \_\_\_\_\_

## OSS ORIENTATION QUIZ

Visit the [OSS Orientation Page](#) and answer the following questions

1. OSS is located in:

2. List three (3) services that OSS provides.

3. Which of the following statements are **TRUE** about the OSS:

Provides bus pass

Offers counseling services

Provides American Sign Language Interpreter Services

Offers priority registration

Has adaptive technology in the High Technology Center

Provides financial assistance

4. Students are responsible for requesting their accommodation letters at the beginning of every semester. Check all the methods by which students can do so:

Email your counselor/specialist directly

Make an appointment with your counselor/specialist

5. True or False. Students often enroll with multiple colleges in the LACCD district. If you want accommodations for classes taken at a sister college, you must contact that college's student disability office to complete an intake.

TRUE

FALSE

I,

**Have completed this orientation quiz on**

## 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).

Office Use Only

Application Processed By: \_\_\_\_\_

Approved enrollment in OSS

Denied enrollment in OSS

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Effective Date:

Summer/Fall      Year \_\_\_\_\_

Winter/Spring

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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: \_\_\_\_\_