



**LOS MEDANOS COLLEGE
 DISABLED STUDENTS PROGRAMS & SERVICES
 APPLICATION FOR SERVICES/CONSENT FOR RELEASE OF INFORMATION**

Name: _____
(please print)

Soc. Sec/I.D. #: _____

Date of Application: _____

Telephone #: _____

DSP&S Program Overview

Los Medanos College provides educational services and access for eligible students with documented disabilities who intend to pursue coursework at Los Medanos College. A variety of programs and services are available which afford eligible students with disabilities the opportunity to participate fully in all aspects of college programs and activities through appropriate and reasonable accommodations. Completion of this form constitutes agreement to apply for Disabled Student Programs and Services (DSP&S).

Disability Verification Required

In order to receive disability-related services at Los Medanos College a verification of disability must be provided. The Contra Costa Community College District uses the information requested for the purpose of determining a student's eligibility to receive authorized special services provided by the Disabled Students Programs and Services (DSP&S) Program. Personal information 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 Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000, et seq.

I have read the DSP&S Application Form. I understand and accept the terms for use of my disability verification documentation.

_____ Student Signature

THIS SECTION MUST BE COMPLETED BY DSP&S STAFF

I hereby certify that this student is eligible for DSP&S Services based on:

- Observation by DSP&S professional staff with review by the DSP&S Coordinator
- Assessment by appropriate DSP&S professional staff
- Review of documentation provided by other agencies, certified or licensed professionals outside of DSP&S.

_____ DSPS Specialist Signature

_____ Date of Certification

DISABILITY: (circle one)		P=Primary	S=Secondary	
ABI	HEARING	MOBILITY	PSYCH	VISUAL
DDL	LD	SPEECH	OTHER	UN-CLAIMABLE

Application Processed by: _____ Date: _____

