

ID# _____ DOB _____

Name: _____ Telephone #: H: _____ W: _____ C: _____

Address: _____ Email: _____

City _____ Zipcode _____

DSP&S Program Overview:

Folsom Lake College provides educational services and access for eligible students with documented disabilities who intend to pursue coursework at Folsom Lake 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 an agreement to apply for Disabled Student Programs & Services (DSP&S).

Student Responsibilities:

1. I will provide the Disabled Student Programs & Services with the information, documentation and/or forms (medical, educational, etc.) deemed necessary by DSP&S to verify my disability(ies).
2. I will meet with a Disabled Student Programs & Services professional to complete a Student Educational Contract, and agree to meet with the professional at least every semester to update the Student Educational Contract.
3. I will utilize the Disabled Student Programs & Services in a responsible manner. I understand that the Disabled Student Programs & Services uses written service provision policies and procedures that must be adhered to for continuation of services.
4. I will comply with the Student Code of Conduct adopted by the college.

I understand that I must fulfill the requirements for participation in the DSP&S Program. I have received a copy of the policy on suspension of DSP&S services, and I understand the consequences of failing to comply with the rules for responsible use of DSP&S services. I understand that I will be notified in writing before any action is taken to suspend services. By signing this application I affirm that I understand and agree with the DSP&S Program responsibilities of students and will abide by them.

DSP&S Specialist Signature: _____ Student Signature: _____
Date: _____ Date: _____

The 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 Disabled Student Programs & Services (DSP&S) 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 Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et seq.

Application Processed By: _____ Academic Yr: _____ Summer Fall Spring