Reset Form

DSPS AAP / STUDENT UPDATE

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 DSPS 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

Academic Term | Academic Year

LACCD Student ID | Date of Birth | Gender ☐ Male ☐ Female ☐ Decline

Last Name | First Name | M.I.

Address | City | Zip Code

Phone | E-mail

College Major:

What is your educational goal: ☐ Associate degree ☐ Career Technical Education ☐ University- Transfer

Are you receiving Financial Aid? ☐ Yes ☐ No ☐ Pending

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

Student Signature: _____ Date: _____

* * * OFFICE USE ONLY * * * -

Application processed by: _____ Check One: ____Summer/Fall ____Winter/Spring

Disability and services: (") Not Eligible (1) Primary, full services (3) Secondary, full service

____ A.B.I. ____ ADHD ____ Autism ____ Deaf/ Hard of Hearing ____ Intellect. Dis. ____L. D. ____ Mental Health ____ Physical ____Visual

____Other_____

DSPS Counselor/Specialist Signature: _____ Date: _____