

***Application for Services***

Name: \_\_\_\_\_ Student ID \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

E-Mail # \_\_\_\_\_ DOB \_\_\_\_\_ Today's date \_\_\_\_\_

Have you applied to DVC? Yes \_\_\_ No \_\_\_

Are you currently registered for courses at DVC? Yes \_\_\_ No \_\_\_ Educational Goal: \_\_\_\_\_

Dept. of Rehabilitation (Voc. Rehab.)? Yes \_\_\_ No \_\_\_ Counselor's name: \_\_\_\_\_

Have you received services in another Community College, UC or CSU? \_\_\_\_\_ Where? \_\_\_\_\_

***Please check (✓) all disabilities that apply to you:***

Acquired Brain Injury \_\_\_ Deaf/Hard of Hearing \_\_\_ Developmental Disabilities \_\_\_

Low Vision/Blind \_\_\_ Physical/Mobility \_\_\_ Psychological \_\_\_ Health Condition \_\_\_

Learning Disability \_\_\_ in high school I received services through Special Education \_\_\_

Chemical Dependency \_\_\_ Temporary Disability \_\_\_

I wish to be tested for eligibility for learning disability service \_\_\_

Services I am requesting: \_\_\_\_\_

**Student Responsibilities**

1. I will provide DVC's Disability Support Services (DSS) program with the information, documentation, and/or forms (medical, educational, etc.) necessary to verify my disability.
2. I will meet with a DSS professional to complete a Student Educational Contract & will meet at least annually to update that contract.
3. I will use the DSS program in a responsible manner.
4. I will comply with the Student Code of Conduct adopted by DVC.

With this application I request services from the DVC's DSS program. I have read the Student Responsibilities and agree to participate. I understand there are Grievance Procedures, posted on the college website that I can follow should I disagree with decisions about my disability related services.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
DSS Signature Date

Alternate format available upon request

ASL Interpreter available upon request