



DSPS APPLICATION FOR SERVICES

Los Angeles Trade-Technical College provides educational services and access for eligible students with documented disabilities who intend to pursue coursework at LATTTC. 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 DSPS.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP Code

Home Phone number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

May we leave a confidential message at this number? (Please check box) Home phone: Yes or No Cell phone: Yes or No

Email Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(MM / DD / YY)

Emergency Contact Person: \_\_\_\_\_ Emergency Contact Phone number \_\_\_\_\_

Do you have a Dept. of Rehabilitation Counselor: Yes or No

Name of Dept. of Rehabilitation Counselor: \_\_\_\_\_ Rehab Counselor Phone \_\_\_\_\_

What is your disability? \_\_\_\_\_

Have you attended another college? Yes or No

If you attended another college(s), please provide the name of previous college(s) \_\_\_\_\_

DSPS Student Responsibilities

- 1. I will provide DSPS with the information, documentation and/or forms (educational, psychological, medical, etc.) deemed necessary by DSPS to verify my disability/ies.
2. I will meet with a DSPS professional to complete an Academic Accommodation Plan and Academic Adjustment Authorization Forms, and agree to meet with a DSPS counselor or specialist to meet required program contacts.
3. I will utilize DSPS in a responsible manner. I understand that DSPS uses written service provision, policies, and procedures with which I must comply for continuation of services.
4. I will comply with the Standards of Student Conduct adopted by the college. (See LACCD Board Rules Student Conduct)

The information I have provided is accurate to the best of my knowledge. I understand that I must fulfill the requirements for participation in DSPS. I understand the policies and responsibilities as noted above. Failure to comply with the policies and responsibilities as noted could result in a suspension of DSPS 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 have read and understand Student Responsibilities as stated and will abide by them.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DSPS STAFF SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\* 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 Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized services provided by the Disabled Student Programs & Services (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)). 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.

# Los Angeles Trade-Tech College DSPS Voter Preference Form

***Under the National Voter Registration Act (NVRA) of 1992, DSPS is an Agency-Based Registration Site, where students have the opportunity to become registered voters during the application process. There is no obligation to register to vote and the student's decision will have no effect on services offered by DSPS.***

***To be eligible to register to vote, you must be a U.S. Citizen, and meet all eligibility requirements. Need to check if you're eligible? [See who can vote in California.](#)***

***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.  
If you checked "Yes", click on the following link/button to be redirected:

No. I do not want to register to vote. <http://registertovote.ca.gov/?t=vra&id=3>

**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 CLICK THE VOTER REGISTRATION LINK ABOVE TO REGISTER ANYTIME AT YOUR CONVENIENCE.**

Student ID

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).