



Disabled Students Programs & Services

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 share 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 1. General Information

Fall Winter Spring Summer Year _____

LACCD Student ID _____ Date of birth (mm/dd/yyyy) _____

Last name _____ First name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

College Major _____

What is your educational goal: Career Technical Education AA University Transfer

Are you receiving Financial Aid? Yes No

Are you a consumer with the department of rehabilitation? Yes No

Student Signature _____ Date (mm/dd/yyyy) _____

Office Use Only

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

_____ A.B.I. _____ A.D.H.D. _____ Autism _____ Deaf/Hard of Hearing _____ I.D. _____ Mental Health

_____ Physical _____ Visual _____ Other _____

Disability Counselor/Specialist _____ Date _____