COLLEGE OF THE SISKIYOUS
DSPS Application for Services

PERSONAL INFORMATION

NAME: _____ _____ _____
First M Last

*SS#/ID#: _____ DOB: _____ **e-mail:** _____

ADDRESS: _____ City: _____ State: _____ Zip: _____

HOME PHONE: _____ WORK/CELL PHONE: _____

Please check your status as a student: ☐ Current ☐ Returning ☐ New

DSPS

College of the Siskiyous provides educational services and access for eligible students with documented disabilities who intend to pursue coursework at College of the Siskiyous. 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**.

Student Responsibilities:

- I will provide **DSPS** with the information, documentation and/or forms (medical, educational, etc.) deemed necessary by **DSPS** to verify my disability(ies).
- I will meet with the **DSPS** Director/Counselor to complete a Student Educational Contract, and agree to meet with the Director/Counselor at least annually to update the Student Educational Contract.
- I will utilize the **DSPS** in a responsible manner. I understand that **DSPS** uses written service provision policies and procedures that must be adhered to for continuation of services.
- 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 DSPS Program. I have received a copy of the policy on suspension of DSPS services, and I understand the consequences of failing to comply with the rules for responsible use 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 understand and agree with the DSPS Program responsibilities of students and I will abide by them.

STUDENT SIGNATURE **DATE**

_____ _____

Signature, DSPS Director/Counselor, or Learning Specialist **DATE**

_____ _____

College of the Siskiyous uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by DSPS. 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.

OFFICE USE ONLY	
Application Processed by: Date:	Comments: