



## COLLEGE OF THE SISKIYOU'S 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 Siskiyou's* provides educational services and access for eligible students with documented disabilities who intend to pursue coursework at College of the Siskiyou's. 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.*

<b>STUDENT SIGNATURE</b>	<b>DATE</b>
Signature, DSPS Director/Counselor, or Learning Specialist	<b>DATE</b>

*College of the Siskiyou's* 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.

<b>OFFICE USE ONLY</b>	
Application Processed by:  Date:	Comments: