



4700 College Oak Drive Sacramento, CA 95841  
Tel: 916-484-8382 • VP: 916-993-3087 • Fax: 916-484-8888

## APPLICATION FOR DSPS SERVICES

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### GENERAL INFORMATION

Diagnosis of Disability: \_\_\_\_\_

Major: \_\_\_\_\_

Educational Goal:

- AA/AS
- Certificate
- Transfer to 4 Year

Other colleges attended: \_\_\_\_\_

Have you ever received services from any other DSPS/LD Office?  Yes  No

If so, where: \_\_\_\_\_

Are you receiving support services through other programs? (check all that apply)

EOPS  Cal WORKS  WorkAbility III  SSI/SSDI  Veterans  Department of Rehabilitation

Alta Regional  Other: \_\_\_\_\_

Counselor(s): \_\_\_\_\_

### EDUCATIONAL HISTORY

How has your disability impacted your education? \_\_\_\_\_

Have you ever received Special Ed./504/IEP/Resource/Remedial support?  Yes  No

Have you ever been tested for a Learning Disability?  Yes  No

*I understand that I must fulfill the requirements for participation in the DSPS program.*

*If you cannot electronically sign this form, please contact DSPS, Phone: (916) 484-8382, Email: DSPS@arc.losrios.edu*

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

\_\_\_\_\_  
Date

Student Name: \_\_\_\_\_  
please print

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

## **STUDENT RIGHTS AND RESPONSIBILITIES**

### **RIGHTS**

1. My participation in the Disability Services & Programs for Students shall be entirely voluntary.
2. Receiving support services or instruction through the DSPS shall not preclude me from also participating in any other course, program, or activity offered by the college or from receiving basic accommodations required by state and federal law.
3. All records maintained by the DSPS personnel pertaining to my disability(ies) shall be protected from disclosure and shall be subject to all other requirements for handling of student records.

**NOTE:** Authorities cited: Title 5 C.C.R., Section 56000 *et seq.*, Education Code Sections 66701, 67310-67312, 70901, 84850.

### **RESPONSIBILITIES**

1. I will provide the DSPS with the necessary information, documentation and/or forms (medical, education, etc.) to verify my disability.
2. I will meet with a DSPS professional to complete a Academic Accommodation Plan, and then meet with the professional at least annually (once per semester preferred) to update the Academic Accommodation Plan.
3. I will utilize DSPS services in a responsible manner. I understand that the DSPS uses written service provision policies and procedures, which must be adhered to, for continuation of services.
4. I will comply with the Student Code of Conduct adopted by American River College.
5. I must demonstrate measurable progress toward the goals established in my Academic Accommodation Plan.

I understand and agree to the above ***Student Rights and Responsibilities*** and I will abide by them. I give permission for the Disability Services & Programs for Students staff to discuss my educational situation with other professionals who have a legitimate educational need to know. If I do not comply with these rights and responsibilities, I will be notified in writing of my impending suspension of services. I will have the opportunity to appeal the decision.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
*If you cannot electronically sign this form, please contact DSPS, Phone: (916) 484-8382, Email: DSPS@arc.losrios.edu*

# American River 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).

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## RELEASE OF INFORMATION

The Disability Services & Programs for Students (DSPS) and Learning Disabilities Program is subject to the Federal Family Educational Rights and Privacy Act of 1974 (FERPA) applying to the disclosure of information from student records. This legislation and departmental policy do not allow us to disclose information about you and your disability-related circumstances to the individuals listed below without first obtaining your written consent.

Because of the privacy requirements, we ask that you initial below each party whom we may contact to discuss your disability-related circumstances. **Please sign and date the release on the spaces provided.**

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**This is an OPTIONAL form and is not required to apply for DSPS services.**  
**Type/Write your INITIALS on lines below.**

**\*INITIALS**

\* \_\_\_\_\_ I hereby give my consent for the staff as DSPS and Learning Disabilities Program to release and/or receive information regarding my disability-related circumstances to the individuals/agencies initialed below.

**\*INITIALS**

\_\_\_\_\_ \*College/Universities \_\_\_\_\_  
\_\_\_\_\_ \*K-12 \_\_\_\_\_  
\_\_\_\_\_ \*Parent(s)  
Parent Name: \_\_\_\_\_  
Parent Name: \_\_\_\_\_

\_\_\_\_\_ \*Testing Agencies \_\_\_\_\_  
\_\_\_\_\_ \*Department of Rehabilitation \_\_\_\_\_  
\_\_\_\_\_ \*Veteran's Administration \_\_\_\_\_  
\_\_\_\_\_ \*Medical personnel (please specify below): \_\_\_\_\_  
\_\_\_\_\_ \*Other (please specify below): \_\_\_\_\_

**Name**

**Address**

**Phone**

**Name**

**Address**

**Phone**

**Print Name**

**Birth Date**

**Student Signature**

*If you cannot electronically sign this form, please contact DSPS, Phone: (916) 484-8382, Email: [DSPS@arc.losrios.edu](mailto:DSPS@arc.losrios.edu)*

\* The Learning Disabilities Program will also ask you to co-sign letters of correspondence that the Learning Disabilities Program sends to faculty, staff, or outside agencies. Co-signature ensures that you have read the letter, understand why it is being written, and approve it for mailing. Your interests and Learning Disabilities Program's interests are protected under this system.

\* This authorization is valid for one year from the date signed above and also subject to written revocation by the member/patient at anytime. The written revocation will be effective upon receipt except to the extent that the disclosing party or others have acted in reliance upon this Authorization.

\* I understand that the recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

**Agencies providing information to DSPS and LD should send it to:**

ATTN: Disability Verification  
Disability Services & Programs for Students  
American River College  
4700 College Oak Drive Sacramento, CA  
95841-4286

PH: (916) 484-8382, FAX: (916) 484-8888  
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