

**SACRAMENTO CITY COLLEGE
 DISABILITY RESOURCE CENTER
 APPLICATION FOR SERVICES
 CONFIDENTIAL**

OFFICE USE
APP Processed
(Initial) _____
Sum _____
Fall _____
Spring _____

The Disability Resource Center (DRC) provides educational services and access for students with documented physical, learning, communication and psychological disabilities, acquired brain injuries, and developmentally delayed learners who intend to pursue coursework at Sacramento City College. A variety of programs and services are available which afford students with disabilities the opportunity to participate fully in all aspects of college programs and activities through appropriate and reasonable accommodations.

By completing this form, I am applying for Disability Resource Center services.

PLEASE PRINT IN INK!

Date _____

Student ID No. _____ Social Security No. _____ - _____ - _____
 (voluntary)

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ Zipcode _____

Home Phone (_____) _____ Work Phone (_____) _____

E-mail Address _____

Birth date ____/____/____ Age _____ Gender: [] Female [] Male
 month date year

List your disability(ies): _____

[] I think I have a learning disability

What was your age when the disability(ies) occurred? _____

Are you a client of:

California State Department of Rehabilitation? [] Yes [] No

Counselor=s name _____ Phone _____

A private rehabilitation agency? [] Yes [] No

Agency/counselor ' s name _____ Phone _____

Alta California Regional Center? [] Yes [] No

Service Coordinator ' s name _____ Phone _____

Are you receiving services or funding from any of these campus or community programs?

SSI/SSDI	[] Yes	[] No	SCC Financial Aid/Scholarship	[] Yes	[] No
TANF	[] Yes	[] No	EOPS	[] Yes	[] No
CAL Works	[] Yes	[] No	Veterans Administration	[] Yes	[] No

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION

DRC APPLICATION FOR SERVICES
STUDENT RIGHTS AND RESPONSIBILITIES

RIGHTS

1. My participation in the Disability Resource Center shall be entirely voluntary.
2. Receiving support services or instruction through the Disability Resource Center 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 Disability Resource Center 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 Disability Resource Center with the necessary information, documentation and/or forms (medical, education, etc.) to verify my disability.
2. I will meet with a Disability Resource Center professional to complete a Student Educational Contract, and then meet with the professional at least annually (once per semester preferred) to update the Student Educational Contract.
3. I will utilize Disability Resource Center services in a responsible manner. I understand that the Disability Resource Center 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 the college (see *Student Guide*).
5. I must demonstrate measurable progress toward the goals established in my Student Educational Contract (SEC).

I understand and agree to the above ***Student Rights and Responsibilities*** and I will abide by them. I give permission for the Disability Resource Center staff to discuss my educational situation with other professionals who have a legitimate educational need to know. I have been given a copy of this document. 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 _____