

## **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:	_	O University Transfer	
Are you receiving Financial Aid?  Yes  No  Are you a consumer with the department of rehabilitation?  Yes  No			
Student Signature		Date ( <i>mm/dd/yyyy</i> )	
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	