

COLLEGE OF ALAMEDA
Programs and Services for Students with Disabilities (DSPS)
Application to Request Services

College of Alameda provides support services for students with documented disabilities through Programs and Services for Students with Disabilities (DSPS). By completing this form, I am applying for services through DSPS.

Name: _____ Date of Application: _____
Last First Middle

Address: _____
Street Address City Zip Code

Phone: (____) _____ Emergency Contact: _____ (____) _____
Name Phone

ID#: _____ Birthdate: ____/____/____

Please check any disabilities that may apply to you:

- Acquired Brain Injury Attention Deficit Disorder Autism Spectrum
- Blind & Low Vision Deaf or Hard of Hearing (circle one) Intellectual Disability
- Learning Disability Mental Health Mobility
- Other Health Conditions or Disabilities (includes speech), please describe _____

At what age did your disability occur? _____

How does your disability affect your learning? _____

Last grade/degree completed: _____ School: _____ Year: _____

Have you received Special Education services or College Disability Services the past?

- College Disability Services Resource Specialist Program (RSP)
- Special Day Class (SDC) Speech/Language Therapy Other _____

Please list any academic accommodations previously received and where: _____

Are you a client of any of the following agencies? (Check any that apply)

- Department of Rehabilitation Regional Center Veteran's Administration

Have you applied for or are you currently participating in any of the following programs?

- EOPS Financial Aid CalWORKS SSI

I am currently interested in: (Check any that apply)

- Transfer Associates Degree Certificate
 Employment Basic Skills Improvement Personal Growth
 Other (please describe) _____

Do you have plans for work in the near future? _____

What is your intended major? _____

Briefly describe any other goals or objectives: _____

I am requesting support services from the College of Alameda Programs and Services for Students with Disabilities to help me achieve my educational and/or vocational goals. I have received the DSPS policy on Students Rights and Responsibilities. I understand that services may be suspended if I do not comply with these responsibilities. If that occurs, I will be notified in writing and I will have the opportunity to appeal the decision.

Student's Signature: _____ **Date:** _____

To request this material in alternate format, please call (510) 748-2328.

COLLEGE OF ALAMEDA
Programs & Services for Students with Disabilities (DSPS)
555 Ralph Appezato Memorial Pkwy
Alameda, CA 94501

CONSENT FOR RELEASE OF INFORMATION

Name: _____ Date of Birth: _____
Last First MI Month Day Year

Student ID#: _____

Maiden or Other Name: _____
Last First MI

I, the undersigned, request any appropriate person and/or agency or institution to release information consistent with the Federal Family Education Rights and Privacy of 1974, other law regulations, or policies to this college for use on education/vocational planning. All information will be kept confidential and maintained as a part of my records with DSPS Office at the college. Selected information may be released for mandated State and/ or Federal reports. I authorize the release of information which may include one or more of the following records:

- _____ Verification of Disability
- _____ Psychological testing and evaluation results (including subtest results)
- _____ Medical Reports
- _____ Neuropsych/MRI Reports
- _____ Learning disability assessment
- _____ Audiology and speech/language pathology reports
- _____ Vocational rehabilitation plan
- _____ Prescribed medication and dosage
- _____ Education records, including progress made
- _____ Other: _____

I further give permission for DSPS certificate program staff to discuss my educational situation with other professionals who have a legitimate educational need to know.

The authorization shall remain in effect during my enrollment or until revoked in writing.

Signature of Student

Date

Signature of Parent or Guardian
Required only for Student under 18 years of age.

Date

A PHOTOCOPY OF THIS IS A VALID AS THE ORIGINAL

Student Name: _____ **Date:** _____

The following list of doctors, schools and/or agencies can verify my disability:

Name: _____ **Date Sent:** _____

Address: _____ **Staff Initials:** _____

City/State/Zip: _____ **Fax:** _____

Notes:

Name: _____ **Date Sent:** _____

Address: _____ **Staff Initials:** _____

City/State/Zip: _____ **Fax:** _____

Notes:

Name: _____ **Date Sent:** _____

Address: _____ **Staff Initials:** _____

City/State/Zip: _____ **Fax:** _____

Notes:

NVRA Voter Preference Form (Preference Form)

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. (Please fill out the attached voter registration form or use this link to the [California Secretary of State Voter Registration System](#))

No. I do not want to register to vote.

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 TAKE THE ATTACHED VOTER REGISTRATION FORM TO REGISTER AT YOUR CONVENIENCE.

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 – 11th Street, Sacramento, CA 95814. For more information on elections and voting, please visit the Secretary of State's website at www.sos.ca.gov