



Accessibility Resource Centers for Students

APPLICATION FOR SERVICE

Application Date: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

Name: \_\_\_\_\_

\*Mt. SAC ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

What is or what do you think your Disability/Diagnosis is? \_\_\_\_\_

Are you a veteran? No Yes

Are you a client of the State Department of Rehabilitation?   Yes

Office: \_\_\_\_\_ Counselor: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

ACCESS Program Overview:

Mt. San Antonio College provides educational services and access for eligible students with documented disabilities who intend to pursue coursework at the College. 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 Accessibility Resource Centers for Students (ACCESS).

Student Responsibilities:

- 1. I will provide Accessibility Resource Centers for Students with the information, documentation and/or forms (medical, educational, etc.) deemed necessary by ACCESS to verify my disability(ies).
2. I will meet with a Accessibility Resource Centers for Students professional to complete an Academic Accommodation Plan (AAP), and I agree to meet with the professional at least annually to update the AAP.
3. I will utilize Accessibility Resource Centers for Students in a responsible manner. I understand that Accessibility Resource Centers for Students uses written service provision policies and procedures that must be adhered to for continuation of services.
4. If I use interpreters, readers, tutors and/or other ACCESS assistants, I am responsible for notifying my ACCESS Counselor prior to any planned absences from class or appointments. Two unnotified (no shows) & unexcused absences may result in the suspension of services from Accessibility Resource Centers for Students.
5. At the completion of each semester, I am responsible for the return of any equipment borrowed from Accessibility Resource Centers for Students. If I do not return the equipment or return it damaged, I am responsible for the replacement costs. I understand that outstanding debts to the college may prevent me from registering for the subsequent semester.
6. I will maintain appropriate behavior conducive to an educational setting and am subject to the Standards of Conduct Board Policy (BP 5500).
7. I understand that I must demonstrate measurable progress in my educational program of study as evidenced by my Academic Accommodation Plan.
8. I permit Accessibility Resource Centers for Students to monitor my academic progress.

I understand that I must fulfill the above requirements for participation in the ACCESS Program. I have received a copy of the policy on Rights and Responsibilities of Students. I understand the consequences of failing to comply with the rules for responsible use of ACCESS 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 ACCESS Program responsibilities of students and I will abide by them.

Student Signature

Date

\*Mt. San Antonio 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 Accessibility Resource Centers for Students (ACCESS) program. 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. § 1232g). 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.