





ACCESSIBILITY COORDINATION CENTER AND EDUCATIONAL SUPPORT SERVICES

APPLICATION FOR SERVICE

| Name: | | | | Student ID#: 900 | | | |
|---|---------------|------------------|-------------|------------------|-----------|------------|---------------|
| Date: | | | | Phone #: | | | |
| Date of Birth: _ | | | | VCCCD Ema | il: | | @my.vcccd.edu |
| Emergency Con | tact: | | | Relationship: | | Phone #: | |
| Are you currently a client with the Department of Rehabilitation (D.O.R.)? Would you require physical assistance in an evacuation? | | | | | | YES YES | |
| Current Educati | ional Goals (| check at least o | one): | | | | |
| AA/AS/ADT | Transfer | Vocational | Certificate | Basic Skills | Undecided | Other: | |

ACCESS PROGRAM OVERVIEW

Moorpark College provides equal access and educational services for eligible students with educational limitations due to documented disabilities who intend to pursue coursework at this college. A variety of services are available through ACCESS, 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 services from ACCESS.

STUDENT RESPONSIBILITIES

- 1. I will provide ACCESS with the information, documentation and/or forms deemed necessary by ACCESS to verify my disability(ies) and educational limitations.
- 2. I agree to work with a Certificated ACCESS Staff member to develop an Academic Accommodation Plan through an interactive process.
- 3. I understand that I must request from ACCESS the services and accommodations I choose to use each semester.
- 4. I will meet with a Certificated ACCESS Staff member at least once a year to maintain services with ACCESS.
- 5. I agree to use ACCESS services in a responsible manner. Failure to do so can lead to suspension of services.*
- 6. I understand that I must demonstrate measureable progress in my educational program of study.
- 7. I will comply with the "Moorpark College Student Code of Conduct" as outlined in the college catalog.

Student Signature: ____

Date: _____

*ACCESS assures that the student will be notified, in writing, prior to the suspension of any services. ACCESS will refer this student to the formal college grievance procedure should agreement regarding accommodation, eligibility, or services fail to be reached by all parties.

Moorpark College ACCESS and the Ventura County Community College District use the information requested in this packet for the purpose of determining a student's eligibility to receive authorized special services provided by ACCESS. 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 Education 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. s552a,note). 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.

Alternate Format Available – Call (805) 378-1461