

## APPLICATION FOR SERVICES

DSPS provides educational services and access for eligible students with documented disabilities who intend to pursue coursework at Napa Valley 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 DSPS.

STUDENT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE INITIAL	
NVC ID #	DATE OF BIRTH (MM/DD/YYYY)		
EMAIL	HOME PHONE (     ) <input type="checkbox"/> Preferred contact method	CELL PHONE (     ) <input type="checkbox"/> Preferred contact method	
STREET ADDRESS	CITY	STATE	ZIP
ARE YOU CURRENTLY A HIGH SCHOOL STUDENT?  <input type="checkbox"/> NO <input type="checkbox"/> YES: graduation month/year: _____			
WHO IS YOUR NAPA VALLEY COLLEGE ACADEMIC COUNSELOR?			
I AM A CLIENT OF (SELECT ALL THAT APPLY):  <input type="checkbox"/> CA State Department of Rehabilitation <input type="checkbox"/> North Bay Regional Center <input type="checkbox"/> Other: _____			
WHO REFERRED YOU TO OUR SUPPORT SERVICES?			

DISABILITY INFORMATION
DID YOU RECEIVE SPECIAL EDUCATION IN HIGH SCHOOL?  <input type="checkbox"/> NO <input type="checkbox"/> YES
DO YOU HAVE A DOCUMENTED DISABILITY?  <input type="checkbox"/> NO/UNSURE: Please tell us why you are seeking support: _____  _____  _____  <input type="checkbox"/> YES: Please attach documentation of your disability/medical condition. This may be in the form of a doctor's letter, <a href="#">Verification of Disability</a> completed by your medical doctor or authorized professional, etc.

## STUDENT RIGHTS

- My participation in Disability Support Programs and Services (DSPS) shall be entirely voluntary.
- Receiving support services or instruction through DSPS shall not preclude me from also participation in any other course, program or activity offered by the college or from receiving basic accommodations required by state and federal law.
- All records and information maintained by DSPS personnel pertaining to my disability(s) 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)
- I may file an appeal if I believe I have been discriminated against on the basis of disability, or believe there have been allegations that have denied me adequate or appropriate accommodations.

## STUDENT RESPONSIBILITIES

- I will provide DSPS with the necessary information, documentation and/or forms as required (medical, educational, etc.) verifying my disability.
- I will use DSPS in a responsible manner.
- I will comply with the Student Code of Conduct adopted by the college.

## RECORDING LECTURES AGREEMENT & CONFIDENTIALITY STATEMENT

I understand that if I have Recorded Lectures as an accommodation, I may not share or download any audio files to social media sites or the Internet or give them to other students if using a recorder (including a cellphone), Sonocent, or SmartPen.

## CONSENT FOR RELEASE OF INFORMATION

The Community College District uses the information requested for the purpose of determining a student's eligibility to receive authorized special services provided by the Disability Support Programs and Services (DSPS). Personal information requested 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 the 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 Education Code Sections 67310 – 67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et seq.

In the event you would like Napa Valley College's DSPS department to have consent to speak to or share information with other parties (i.e. parents, social workers, friends, other family, etc.) please enter their name(s) below.

By signing below, I affirm that I have read, understand, and agree to adhere to the above Student **Rights**, Student **Responsibilities**, Recording Lectures Agreement, and **Consent** for Release of Information.

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Student Signature

Date