

MOORPARK COLLEGE



APPLICATION FOR SERVICES

Accessibility Coordination Center & Educational Support Services

Initial Application Date \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Phone \_\_\_\_\_ Pager or e-mail \_\_\_\_\_ Gender: (circle) male female

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Educational Goals: (circle one) AA/AS Degree Transfer Vocational Certificate Basic Skills Other: \_\_\_\_\_

ACCESS PROGRAM OVERVIEW

Moorpark College provides educational services and access for eligible students with documented disabilities who intend to pursue coursework at this 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 services from ACCESS.

STUDENT RESPONSIBILITIES

- I will provide ACCESS with the information, documentation and/or forms (medical, educational, etc.) deemed necessary by ACCESS to verify my disability(ies).
I understand that I must notify ACCESS of the services I choose to use. Services are not mandatory or automatic.
I will meet with an ACCESS professional to complete a Student Educational Contract, and I agree to meet with ACCESS staff each semester to update this contract.
I understand that ACCESS follows written service provision policies and procedures that must be followed for continuation of services. I have received a copy of the handbook outlining these procedures. I agree to use ACCESS services in a responsible manner.
I will comply with the Moorpark College Student Code of Conduct.

I have received a copy of the policies and procedures required for ACCESS services and 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 change or suspend services. I understand that if an agreement between the faculty, ACCESS, and myself cannot be reached, I may file an appeal through the college grievance process as outlined in the Moorpark College Catalog. By signing this application I affirm that I understand ACCESS requirements, agree with my responsibilities as an ACCESS participant, as outlined above, and I will abide by them.

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.

Student \_\_\_\_\_ Date \_\_\_\_\_

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), 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.