



Office of Special Services

UPDATE FOR OSS SERVICES - CONTINUING STUDENTS

ALL ITEMS WITH A \* NEXT TO THEM ARE REQUIRED
(Please Print in Black or Blue Ink)

The Los Angeles Community 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 Office of Special Services (OSS) program. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure.

Section I. General Information

Form fields for Fall, Winter, Spring, Summer, and Year.

\*Student ID, \*Date of Birth, Gender (male/female)

\*Name (LAST, FIRST, M.), Email

\*Street Address, City, Zip

\*Phone (home), (cell)

College Major

(Please provide new information or write "Same" in the categories below.)

\*1. Disability - Please note any changes in your disability status that you would like us to be aware of:

Blank lines for disability information.

2. Services Requested - Please note any new requests or additional services you would like us to consider:

Blank lines for services requested.

3. Medical, psychological, or educational professional who can verify new or additional disabilities:

Name

Phone, Email

## EMERGENCY INFORMATION

\*1. List name of person to be notified in case of emergency:

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

2. List any medication(s) that you are taking at the present time that should be recorded in case of emergency.

Name of Medication \_\_\_\_\_

Name of Medication \_\_\_\_\_

### **Statement of Student Responsibilities**

The Office of Special Services provides programs and services for students at LACC that have a verifiable disability AND disability related educational functional limitations. Through appropriate and reasonable accommodations, students are provided the opportunity to participate in LACC instructional programs.

**\*Completion of this update form is required for services to continue in OSS.**

Student Responsibilities:

1. I will update my OSS application each semester that I enroll in classes at LACC.
2. I will provide OSS with any information (reports, diagnosis, etc.) deemed necessary by OSS to verify my disability (ies); i.e., medical, psychological, and/or educational signed by an appropriately licensed professional.
3. I will meet with an academic counselor/specialist to complete a Student Educational Plan/Contract and I agree to meet each semester to update my Student Educational Plan and Academic Accommodations.
4. I will make measurable progress towards the goals established in the Student Educational Plan and meet academic standards established by the college.
5. I will utilize all OSS programs and services in a responsible manner including notification forty-eight (48) hours in advance for OSS service cancellations, appointment changes, or requests for information related to my OSS student file.
6. I will comply with the Student Code of Conduct adopted by the Los Angeles Community College District.

**\* I certify that the foregoing statements on my update form for the Office of Special Services are complete and accurate. I have read, understand, and will abide by the Statement of Student Responsibilities listed above. I understand the consequences of failing to comply with the rules for responsible use of OSS services may result in suspension from OSS and I will be notified before any action is taken with right of appeal. By signing this application I affirm that I understand and agree to the OSS student and program responsibilities.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**-Office Use Only-**

Update process completed by: \_\_\_\_\_

\_\_\_\_\_  
(Date)