

**Annual Application for Services Student  
Accessibility Services (SAS) Laney  
College**

Academic Year: 2025-2026  
Confidential\* (See reverse side).

Date:	Name: <small>Last, First</small>	Student ID Number
Address: <small>Number Street Apt.No.</small>		Home Phone: (      )
City Zip Code		Work Phone: (      )
Birthdate:	Email:	Cell Phone: (      )
Disability(ies):		
If you are a client of CA State Department of Rehabilitation (DOR), please list location: DOR counselor's name:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Not specified	Educational Goal: <input type="checkbox"/> Associate Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Transfer <input type="checkbox"/> Other	Major:

**SAS Program Purpose**

SAS offers a variety of services designed to facilitate the success of students with any verified disability in reaching their individual educational and/or vocational goals. By completing this form, the student is applying for SAS assistance.

**Student Responsibilities**

1. I will provide SAS with the information/documentation required to verify my disability(ies).
2. I will meet with a SAS counselor to complete a Student Educational Contract and update it as needed.
3. I understand that complying with SAS Policy Guidelines for services is necessary for continuing services.
4. I will comply with Laney College's Student Code of Conduct as listed in the catalog.

*I have reviewed the student responsibilities above and the SAS Policy Guidelines for Services and agree to comply with them.*

<b>Student Signature X</b>	Date:
<b>SAS Counselor Signature X</b>	Date:

**If you are not registered to vote where you live  
now, would you like to apply to register to vote  
here today?  
(Check One)**

- ☐ **Already registered.** I am registered to vote at my current residence address.
- ☐ **Yes** I would like to register to vote. (Please fill out the attached voter registration form [or register online](#))
- ☐ **No** I do not want to register to vote.

**NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.  
YOU MAY TAKE THE ATTACHED VOTER REGISTRATION FORM TO REGISTER AT YOUR CONVENIENCE.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## GUIDELINES FOR SERVICES, ACCOMMODATIONS, & ACADEMIC ADJUSTMENTS

### **A. STUDENT'S RESPONSIBILITIES FOR SUPPORT SERVICES** **STUDENT RIGHTS**

1. To participate voluntarily in SAS.
2. To receive academic adjustments, auxiliary aids, services and/or instruction from SAS and *not be precluded* from participating from any other course, program or activity offered by the college.
3. To have educational records and disability information protected from disclosure. In order to provide services, SAS staff may have to communicate your educational needs to college employees who have a legitimate need to know. SAS follows [FERPA](#) guidelines regarding disclosure.
4. To appeal a decision regarding accommodations through the student grievance process as described in the college catalog.

### **STUDENT RESPONSIBILITIES**

1. To comply with the student code of conduct as defined in the college catalog.
2. To meet the academic standards established by the college (i.e., have a cumulative GPA of 2.0 or higher and have less than 50% of "W", "I" or "NP" grades for all grades recorded), when enrolled in general classes.
3. To make measurable progress toward your course goals as agreed upon in the Academic Accommodation Plan (AAP), when taking educational assistance classes.
4. To be *responsible* in your use of SAS services and adhere to the program's Policy Guidelines for Services.

### **B. ACCOMMODATION PROCEDURES**

SAS Counselors authorize academic adjustments and/or support services and classroom accommodations for students. Students provide a copy of the authorization ("Accommodations Letter") to instructors or other campus officials as needed. If an instructor or college official, who is given an Accommodation Letter, refuses to provide or arrange to have provided, the necessary accommodations, students are advised to notify their SAS Counselor immediately for assistance in resolving the matter.

### **C. STUDENT CONTRACT**

I have read the guidelines on this form and understand them. I agree to meet my responsibilities as outlined in these guidelines.

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Student's Signature

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Date

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SAS Counselor's Signature

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Date

\*The 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 Disabled Students Programs and Services (DRC) Program. Personal information recorded on this form will 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 (20U.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 56000et seq.