

CAÑADA COLLEGE
Disability Resource Center
4200 Farm Hill Blvd.
Redwood City, CA 94061
Phone (650) 306-3259 Fax (650) 306-3185
TDD (650) 306-3161

APPLICATION FOR SERVICES
(On-Campus)

Date of First Request for Services: _____
Academic Year: _____ Semester: ☐ Fall ☐ Spring ☐ Summer

Applicant information

Student's Name: _____ G# _____

Date of Birth: _____ Phone: _____

Address: _____

E-mail Address: _____

☐ State Department of Rehab Client ☐ Veterans Affairs

Counselor's name: _____ Phone: _____

DRC Program Review

Cañada College provides educational services and access for eligible students with documented disabilities or functional limitations, who intend to pursue coursework at Cañada College. A variety of 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 at Cañada College.

Student's Responsibilities

1. I will provide the DRC office with the information, documentation and forms (disability verification or medical verification, student educational contract, release of information) necessary to verify my disability.
2. I will meet with the DRC professional to complete a student educational contract and agree to meet with the professional at least annually to update the student educational contract.
3. I will utilize the DRC and Alternate Media Services in a responsible manner. I understand that DRC uses written service provision policies and procedures that must be adhered to for continuation of services.
4. I will comply with the Student Code of Conduct adopted by Cañada College and which is published in the College catalog. These policies and procedures are posted on the DRC Website.

I understand I must fulfill the requirements for participation in the DRC and I understand the consequences of failing to comply with the rules for responsible use of DRC and Alternate Media Services. I understand that I will be notified in writing before any action is taken to suspend services. By signing this application, I affirm that I understand and agree with the DRC responsibilities of students and I will abide by them.

DRC Specialist's Signature: _____ Date: _____

Student's Signature: _____ Date: _____