

Application for Alternate Media Services

Name: _____

* Social Security Number: _____

* Providing your Social Security Number is strictly voluntary. The Privacy Act of 1974 (PL 93-574) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.) require that this notice be provided when collecting personal information from individuals. The Community College District and the State of California use information requested on this form for the sole purpose of determining whether a student is eligible to receive special services. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be transferred to other entities for the purpose of determining appropriate alternate media specifications. However, disclosure to these parties is done in strict accordance with current statutes regarding confidentiality.

I hereby request the following alternate media services from DSP&S/College of the Canyons:

- | | |
|----------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Braille | <input type="checkbox"/> Tactile Graphics |
| <input type="checkbox"/> E-Text | <input type="checkbox"/> Large Print |
| <input type="checkbox"/> Books On Tape | <input type="checkbox"/> Closed Captioned Videos |
| <input type="checkbox"/> Other: _____ | |

By signing this application, I understand that it is my responsibility to complete an Alternate Media Request Form for each specific title I request. I also recognize that I have received a copy of the Alternate Media Procedures and Policies, and will abide by the standards presented in that document.

Student Signature: _____ Date: _____

* DSP&S Signature: _____ Date: _____

* This application is approved as an appropriate accommodation for my disability only when signed by a College of the Canyons DSP&S Director, Counselor, or LD Specialist.