

**BARSTOW COMMUNITY COLLEGE DISTRICT  
Application for ACCESS Services**

Barstow Community College District provides educational services and access for students with documented disabilities who intend to pursue coursework at Barstow Community College. A variety of programs and services are available which gives students with disabilities the opportunity to participate fully in all aspects of college programs and activities through appropriate and reasonable accommodations.

By completing this form, I am applying for services from the Accessibility Coordination Center and Educational Support Services (ACCESS).

NAME: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
Last First M

STUDENT ID. #: \_\_\_\_\_ DATE: \_\_\_\_\_

**STUDENT RIGHTS AND RESPONSIBILITIES  
"RIGHTS"**

- My participation in ACCESS shall be entirely voluntary.
- Receiving support services or instruction through ACCESS shall not preclude me from also participating in any other course, program or activity offered by the college or from receiving basic accommodations required by state and federal law.
- I have been provided with a copy of ACCESS Student Handbook (policies & procedures) and the opportunity to register to vote in local, state and national elections via "Motor Voter Registration".
- All records maintained by ACCESS. Personnel pertaining to my disability(s) shall be protected from disclosure and shall be subject to all other requirements for handling of student records.
- NOTE: Authorities cited: Title 5 C.C.R. Section 56000 m., Education Code Sections 66701, 67310-67312, 70901, and 84850.

**"RESPONSIBILITIES"**

- I will provide ACCESS with the necessary documentation and/or forms (medical, educational, etc.) to verify my disability.
- I will meet with an ACCESS Counselor/Specialist to complete a Student Educational Contract and then meet with the Counselor/Specialist at least annually (twice per semester preferred) to update the Student Educational Contract. I will use ACCESS in a responsible manner.
- I will utilize ACCESS services in a responsible manner. I understand that ACCESS uses written service provision policies and procedures, which must be adhered to, for continuation of services.
- I will comply with the Student Code of Conduct adopted by the college.
- I must demonstrate measurable progress toward the goals established in my Student Educational Contract (SEC).

I understand and agree to the above Student Rights and Responsibilities and I will abide by them. I give permission for ACCESS staff to discuss my educational situation with other professionals who have a legitimate educational need to know. I have been given a copy of this document. If I do not comply with these rights and responsibilities, I will be notified in writing of my impending suspension of services. I will have the opportunity to appeal the decision.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_