## SANTA ANA COLLEGE

## DISABLED STUDENTS PROGRAMS AND SERVICES (DSPS)

## Student Rights and Responsibilities Contract

Name:	Student #:
Your initials on each line and signatu	re below indicate that you understand and agree to the following:
1) Participation in the progra	m is voluntary.
2) Receiving DSPS services do activity offered by the coll	pes not prevent me from also participating in any other course, program or ege.
3) All records pertaining to m written authorization.	ny work in the program are confidential and will only be released with my
4) I must comply with the col set forth in the Catalog and	lege's Standards of Student Conduct and all other policies and procedures d/or Student Handbook.
5) I must be responsible in m procedures.	y use of program services and I am expected to follow all DSPS policies and
satisfactory academic stan	tion
7) I am responsible for reque know I need and accommo	sting accommodations from the DSPS office in a timely manner (as soon as odation).
8) I understand that it is my re it from DSPS.	esponsibility to take my accommodation letter to my instructor once I receive
If I am unable to communi explore other options. A	unicating with my instructor the specific terms of my accommodation letter cate directly with my instructors, I will discuss this with my DSPS faculty to fter informing my instructors, if I encounter any problems receiving my on I will inform DSPS immediately.
10) I am required to meet wi Accommodation Plan (AA	th a DSPS faculty/staff at least once annually to update my Academic P).
Student Signature:	_ Date: