



# **AP-5140-A: Student Disability Accommodation Appeal Form**

**Los Angeles Community College District**

## **Student Information**

Name of Student:

College:

Student Identification (ID) Number:

Phone Number:

Student E-mail Address:

Major or Program of Study:

Date:

## **Questions to Clarify Qualifying Disability for Accommodation Requested**

**List All Disabilities:**

**Check the age when your primary disability occurred (Choose one option.):**

At birth

6 to 18 years

38 to 55 years

5 years or under

19 to 37 years

56 years and over

**Are you a US Veteran? (Choose one option.)**

Yes

No

**Are you a Foster Youth? (Choose one option.)**

Yes

No

**What specific accommodations or services are you requesting?**

**If you are requesting a specific accommodation, how will that accommodation assist you?**

**Have you ever received services for students with disabilities from any other college or university prior to attending an LACCD College? (Choose one option.)**

Yes

No

**If yes, what were they and how effective were they?**

**What are your educational goals? (Check all that apply.):**

Prepare for a new career (new skills)

Advance current job or career (update skills)

Vocational degree without transfer

AA degree without transfer

Vocational certificate without transfer

Bachelor's degree after AA degree

Bachelor's degree without AA degree

Maintain certificate or license

Improve basic skills

Undecided

**Is your accommodation request time sensitive?**

Yes

No

**If yes, please explain:**

**Please provide any additional information that might be useful in processing your accommodation request:**

**Student Signature:**

**Date:**

All medical information shared with the District through the good faith reasonable accommodation process will be maintained in the Disabled Student and Special Services Department and in accordance with all federal and state requirements.

The Los Angeles Community College District does not discriminate on the basis of disability in the admissions or access to, or treatment of or employment in, its programs or activities. Requests for alternate formats can be made by contacting the ADA Compliance Administrator.