



ARC REQUEST FOR SERVICES (Continuing Students)

Monterey Peninsula College provides educational services and access for students with verified disabilities who intend to pursue coursework at MPC. A variety of accommodations and services are available to 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 through the Access Resource Center (ARC).

ACADEMIC YEAR		MPC STUDENT ID #	
STUDENT NAME		DATE OF BIRTH	
STREET ADDRESS			
CITY		STATE	ZIP CODE
EMAIL			
PHONE	CELL:	HOME:	

CHECK YES OR NO BELOW:

- | | | | |
|---|------------------------------|-----------------------------|----------------------|
| I am an active client of the Department of Rehabilitation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| I am receiving financial aid at MPC | <input type="checkbox"/> Yes | <input type="checkbox"/> No | DOR Counselor's Name |
| I am a Veteran | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

I understand that I must fulfill the requirements below for participation in the ARC program:

- Before receiving services/accommodations through ARC, I must provide the documentation and/or forms (medical, educational, etc.) deemed necessary by ARC to verify my disability; disability verification must be from a physician and/or an appropriate licensed professional. Students are encouraged to obtain their verification of disability directly from a physician or professional in order to facilitate provision of services/accommodations as soon as possible.
- I will meet with an ARC Counselor/Specialist to complete an Academic Accommodation Plan (AAP) and agree to review and update my AAP at least once each academic year in order to continue services.
- I give my permission for ARC professionals to discuss my educational requirements with other professionals at Monterey Peninsula College who have a legitimate educational need to know. This authorization shall remain in effect during my enrollment until revoked by me in writing and signed by my ARC Counselor/Specialist.

I have completed the ARC Request for Services and understand the requirements for receiving services/accommodations through ARC.

<i>Student Signature</i>	<i>Counselor/Specialist Signature</i>
<i>Date</i>	<i>Date</i>