



Disability Resources

- 1st letter request this semester
- Change of instructor(s)
- Revised letter will be sent by my coordinator

Student Request for a Letter Concerning a Disability

Name: _____ Class of _____

Student ID Number: _____ Phone Number: _____

Semester: Fall Spring Summer 20_____

Please send a letter to each of the instructors listed below concerning my approved accommodations. I understand that this request and a copy of the letter will become part of my file at Disability Resources.

Course: <i>(example: PSY 101)</i>	Instructor: <i>(First & last name)</i>	Instructor Email:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***An **email** of your accommodation letter will be sent to the instructors above. Unless otherwise specified, below:

_____ I prefer to pick up my accommodation letters from Disability Resources and hand deliver to my instructors. Please do not send a copy of my letter to instructors.

_____ I would also like a copy of my accommodation letter sent to my adviser:

Adviser Name: _____ Adviser Email: _____

Student Signature: _____ Date: _____

- Check if signed electronically