

ACCOMMODATION LETTER TO PROFESSORS REQUEST FORM

Please return to the Access Center and allow 48 hours for processing. Students must then pick up the letters to personally deliver to their professor(s).

To ensure that your letter is correct, please fill out this form **completely**.

Disability (Check all that apply): Learning Disability _____ ADHD _____ Mobility _____
Hearing Impaired _____ Visually Impaired _____ Traumatic Brain Injury _____
Chronic Health _____ Emotional/Behavior Health _____ or Other _____

Name: _____ Phone: _____
Student ID#: _____ E-mail _____
Local Address _____
Semester Requested: _____ Campus: _____

PLEASE PRINT ALL INFORMATION LEGIBLY AND COMPLETELY

Major/Advisor: _____

PROFESSORS NAME & TITLE	TITLE, COURSE # & CRN #
Example: Dr./Ms. Or Mr.	Math 099, 01234
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____



Letter done on _____ by _____

Student Signature _____ Date _____
(Signature required when letters are picked up)

Staff Initials _____