



Request for Letters of Accommodation

Name: _____

Date: _____

Semester: _____

Student ID: _____

Telephone #: _____

Cell #: _____

CPO#: _____ **or Local Street Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

I understand that it is my responsibility to return to the Office of Support Services for Students with Disabilities to pick up the Letters of Accommodation that I have requested.

Student Signature

Date

Office Use Only

Date request received: _____ **Documentation on file?** _____

Date letters will be ready: _____ **Date letters picked up:** _____

Staff Signature: _____