

ACCOMODATION LETTER REQUEST

(Please note: requests for letters will not be honored if “required” fields are not completed)

STUDENT NAME (Required): _____

ALBANY ID # (Required): _____

TODAY’S DATE (Required): _____

EMAIL ADDRESS: (Required): _____

TELEPHONE NUMBER: (Required): _____

SPECIAL NEEDS: _____

1. Is this the first time you are requesting accommodation letters from this office (Y/N)? _____

2. Have you registered with the office? (Y/N) _____

STOP HERE IF YOU ANSWERED “NO” to QUESTION 2: You must first register with this office before you can request accommodation letters.

3. Please indicate your status (enter number to the right) _____

1 – Learning Disabled Student

2 - Non-Learning Disabled Student

3 – Other Student (i.e. temporary injuries, distance learning, etc.)

4. Total Number of Letters Requested: _____

Staff Use Only: Letters Completed by:

Staff Name _____

Date: _____