ACCOMMODATION LETTER REQUEST
(Please Note: This form must be submitted every semester.)

STUDENT NAME : ______________________________________________________

UALBANY ID NUMBER: ________________________________________________

TODAY’S DATE : ______________________________________________________

UALBANY EMAIL ADDRESS: _____________________________________________

TELEPHONE NUMBER: ________________________________________________

Have you Registered with this Office (DRC)? (Yes/No) ______

Please indicate your Status (enter number(s) to the right) __________
   1 – Learning Disabled/Attention Deficit Disorder Student (ADD & ADHD)
   2 – Non-Learning Disabled Student (permanent physical, psychological, etc.)
   3 – Other Student (temporary injuries, distance learning, etc.)

You must Register with the DRC before requesting Accommodation Letters.

Please Make an Appointment to meet with either Nancy or Carolyn.

Total Number of Letters Requested: ____________

Total Number of Registered Classes: ____________

If your accommodation needs have changed since first registering with the DRC, please schedule an appointment to meet with either Nancy or Carolyn to certify the needed changes.