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) ________

If no, is this a temporary disability? (Yes/No) _________________

You must register with the DRC before requesting accommodation letters.

Please make an appointment to meet with either Carolyn or Carrie.

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 Carolyn or Carrie to certify the needed changes.

Staff Use Only

Letters Completed by:

Staff Name ___________________________ Date: ___________________