ACCOMMODATION LETTER REQUEST FORM

Students registered with the Office of Student Disability Resources and Services (SDRS) must notify their professors of their accommodation needs by providing them with accommodation letters created by SDRS. Accommodation letters provide formal notification of students’ registration with SDRS and their specific accommodation needs. In order to receive reasonable accommodations for their classes, students are required to present each of their professors with an accommodation letter.

Students must have their professors’ sign at the bottom of the accommodation letter. Sometimes professors may wish to contact SDRS to discuss the recommended accommodations before final determination of accommodations can be made. Students must return the signed letters to SDRS in order to receive their course accommodations.

Students are advised to complete this process prior to or during the first two weeks of each new semester so that accommodations can be provided in a timely manner. Students are advised to make an appointment with their professors in order to present their letter and discuss the provision of accommodations, including the location of testing accommodations. If students have any concerns or difficulties with the provision of the accommodations, they must contact SDRS immediately.

Forms may be submitted in person at the Office of Student Disability Resources and Services or by fax at (903) 468-8148 or emailed to StudentDisabilityServices@tamuc.edu Please allow three business days for accommodation letters to be prepared by SDRS. You will be contacted by either email or phone when letters are ready to be picked up.

Student Name: ___________________________ Date: _______________________

Email Address: ___________________________ Phone: _______________________

Please indicate status: □ Undergraduate □ Graduate Term: _______________________

Advisor/Success Coach: ___________________________

Please provide the following information:
1. Course Title: ___________________________ Professor: _______________________
   Course Number/Section: ___________________________ Campus: _______________________

2. Course Title: ___________________________ Professor: _______________________
   Course Number/Section: ___________________________ Campus: _______________________

3. Course Title: ___________________________ Professor: _______________________
   Course Number/Section: ___________________________ Campus: _______________________

4. Course Title: ___________________________ Professor: _______________________
   Course Number/Section: ___________________________ Campus: _______________________

5. Course Title: ___________________________ Professor: _______________________
   Course Number/Section: ___________________________ Campus: _______________________

6. Course Title: ___________________________ Professor: _______________________
   Course Number/Section: ___________________________ Campus: _______________________

Student Name: ___________________________ Date: _______________________

Email Address: ___________________________ Phone: _______________________

Please indicate status: □ Undergraduate □ Graduate Term: _______________________

Advisor/Success Coach: ___________________________
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<thead>
<tr>
<th>Label</th>
<th>Date/Signature</th>
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<tr>
<td>SDRS Office Use Only:</td>
<td>Date Form Received: _______________ Staff Initials: ______________________</td>
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<tr>
<td></td>
<td>Date Letters Prepared/form of student notification: ________________________</td>
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<td>Date Letters Picked-Up: ___________________________________________________</td>
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<td>Student Signature: ________________________________________________________</td>
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<td>Date Signed Letters Returned to SDRS: _______________________________________</td>
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