



SNEAD STATE COMMUNITY COLLEGE

Disability Support Services
PO Box 734, Boaz, AL 35957
Phone 256.593.5120 • Fax 256.593.7180



Request for Accommodation Letters

Name: _____ S Number: _____ Date: _____

Phone Number: _____ Email: _____

1. Select term: Fall _____ Spring _____ Summer _____

2. Please select appropriate accommodations request:

_____ Request the same accommodations as previous term

_____ Request to meet with ADA Coordinator to review accommodations and potentially request different accommodations from previous term

3. List information for each course for which you need an accommodation letter:

Class (ex: HIST101)	CRN # (ex: 10003)	Instructor (Howard Jones)
1.		
2.		
3.		
4.		
5.		
6.		

4. Return to pick up your letters to take them to your instructors. You will have 2 duplicate letters for each course, along with envelopes pre-addressed to this office.

5. Review the letter with each instructor and sign both copies. The instructor keeps one copy and the other is returned to this office in the envelope.

Student Signature _____ Date _____

Staff Signature _____ Date Received _____