



# 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: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ S Number: \_\_\_\_\_

1. Select term:      Fall      \_\_\_\_\_      Spring      \_\_\_\_\_      Summer      \_\_\_\_\_

2. Please list accommodations requested (if same as last semester write same):

\_\_\_\_\_

\_\_\_\_\_

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

Class (ex: HIST101)	Section # (ex: 003)	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 professor keeps one copy and the other is returned to this office in the envelope.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY		
Date Received: _____	Date Completed: _____	Recorded: _____