

**Accommodation Letter Request Form**

Accommodation Letter Request Forms are sent to your Professors after you have registered with the Office of Student Disability Services. Please complete this form in the beginning of each semester so that your Professors are notified in a timely manner. Students are encouraged to discuss the accommodations with their Professors. If you have any questions or concerns, please contact the Disability Coordinator at [Jeanette.Rodriguez@sph.cuny.edu](mailto:Jeanette.Rodriguez@sph.cuny.edu) or 646-364-9770.

Student's Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

Please list all classes, sections, and Professor's names below.

Class: \_\_\_\_\_ Section: \_\_\_\_\_ Professor's Name: \_\_\_\_\_

Class: \_\_\_\_\_ Section: \_\_\_\_\_ Professor's Name: \_\_\_\_\_

Class: \_\_\_\_\_ Section: \_\_\_\_\_ Professor's Name: \_\_\_\_\_

Class: \_\_\_\_\_ Section: \_\_\_\_\_ Professor's Name: \_\_\_\_\_

**PLEASE PRINT AND SIGN YOUR NAME**

\_\_\_\_\_  
PRINT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGN