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 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

Semester and year: ___________________