



Office for Disability Services

ACCOMMODATION LETTER REQUEST FORM

The Office for Disability Services (ODS) will prepare and email accommodation letters to instructors for students. Please complete the form below, listing **ONLY** the courses/instructors for which you want ODS to send letters.

CRN # <i>Example: 12345</i>	COURSE NAME <i>ENGL</i>	COURSE # <i>101</i>	CAMPUS <i>Virtual, York, etc.</i>	PROFESSOR <i>please fill in completely</i>	(For Office Use Only) Grade <i>Midterm/Final</i>		
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When Accommodation Letter Requests are submitted in advance of the semester, letters will be delivered by email to the students and to their professors at the beginning of the semester. Requests received after your campus deadline will be processed within one week. Although requests may be submitted at any time, **PLEASE NOTE that accommodations are not retroactive.**

Student Name (please print): _____

Student Phone Number: _____

HACC ID Number: _____

HAWKMAIL Address: _____@hawkmail.hacc.edu

By signing and submitting this completed form, I'm requesting the Office for Disability Services to email my Letter of Accommodations to faculty listed above. I'm aware that it is my responsibility to meet with my instructors to discuss accommodations and to contact ODS if my schedule changes.

Student Signature: _____

Semester: _____

(For Office Use Only)		
Academic Standing: (Circle One)		
GS	AP	AS

	Attempted Credits	Passed Credits	GPA
Current Term			
Cumulative			