ACCOMMODATION LETTER REQUEST FORM

INSTRUCTIONS

Please Note:

Undergraduate students registered with Disability Resources notify their instructors of their accommodation needs by providing them with an Accommodation Letter signed by the DR Director. The Accommodation Letter provides formal notification of students’ registration with the DR and their specific accommodation needs.

In order to receive accommodations for their classes, students are required to present each of their instructors with an Accommodation Letter for signature and return the signed copy to the Disability Resources (DR).

Accommodation Letters/Faculty Notification Process:
- Submit Accommodation Letter Request Form to the DR indicating course schedule prior to or during the first two weeks of each semester.
- Pick up Accommodation Letters from the DR approximately two business days later.
- Provide Accommodation Letters to instructors for signature and discussion regarding the provision of accommodations.
- Return signed letters to the DR.
- Instructors may wish to discuss the accommodations recommended in the Accommodation Letter with the DR. Final determination of accommodations is made after such consultation.

Please allow two business days for accommodation letters to be prepared by the DR.
ACCOMMODATION LETTER REQUEST FORM

Student Name: ______________________________ Date: __________

Major: _________________________________

Year of Anticipated Graduation: _______

Advisor: ________________________________

Would you like electronic copies of your Accommodation Letters to be sent to your Advisor?

☐ Yes

☐ No

Please provide the following information or attach a copy of your schedule:

1. Course Title: _____________________________ Instructor: __________
   Meeting Schedule: ________________________________

2. Course Title: _____________________________ Instructor: __________
   Meeting Schedule: ________________________________

3. Course Title: _____________________________ Instructor: __________
   Meeting Schedule: ________________________________

4. Course Title: _____________________________ Instructor: __________
   Meeting Schedule: ________________________________

5. Course Title: _____________________________ Instructor: __________
Meeting Schedule:__________________________________________________________

6. Course Title:_________________________________________ Instructor:_________
Meeting Schedule:__________________________________________________________

Send Form To:
Disability Resources/ADC
341 S. Main Street
New London, NH 03257
disabilities@colby-sawyer.edu
603-526-3712 voice
603-526-3115 fax

<table>
<thead>
<tr>
<th>DR Office Use Only:</th>
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</thead>
<tbody>
<tr>
<td>Date Form Received:______________________________</td>
</tr>
<tr>
<td>Staff Initials:______________________________</td>
</tr>
<tr>
<td>Letters Prepared by:______________________________</td>
</tr>
<tr>
<td>Date Letters Prepared:______________________________</td>
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<tr>
<td>Date Letters Picked-up:______________________________</td>
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<tr>
<td>Student Signature:______________________________</td>
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<tr>
<td>Date Signed Letters Returned to DR:______________________________</td>
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