

South Louisiana Community College  
Office of Disability Services

Fall 2009

Semester Accommodation Letter Request Form

Please complete the following information. Incomplete forms will not be processed.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Local Mailing Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Number of classes this semester \_\_\_\_\_

Disability (circle):    Learning Disability (LD)                      Physical                      Deaf and Hard of Hearing

   Attention Deficit Disorders (AD/HD)                      Psychological

- I understand if I am requesting new accommodations, I must meet with my advisor prior to having these accommodations approved.
- I understand that Accommodation Letters should be given to my instructor at the beginning of the semester. Letters **must** be given to instructor prior to receiving accommodations.  
**(ACCOMMODATIONS ARE NOT RETROACTIVE.)**
- I understand that if I am testing in the Office of Disability Services, a completed testing form signed by myself and my instructor must be submitted to the Office of Disability Services three (3) days prior to each exam. I also understand that during finals, I am encouraged to have the testing request forms submitted at least one (1) week in advance.

I agree to and understand the conditions stated above.

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

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Documentation Included \_\_\_\_\_

Date Documentation Filed \_\_\_\_\_