



ALVIN COMMUNITY COLLEGE
 OFFICE OF DISABILITY SERVICES
 ods@alvincollege.edu
 281-756-3533

REQUEST FOR STUDENT ACCOMMODATIONS LETTERS

Print Name _____

Student ID _____

Letters requested _____
 Date

Pick up letters _____
 Date

Email internet letter? ___Yes ___No

Prepare current, appropriate letters for class(es):

Semester Fall____ Spring____ Summer____

Term Full____ 12 wk. ____ M1____ M2____ M3____

Type In-Class____ Internet____

Course: _____

Instructor: _____

Course: _____

Instructor: _____

Course: _____

Instructor: _____

Course: _____

Instructor: _____

Course: _____

Instructor: _____

Received BY: _____

Date: _____

For office use only:
 Letters Prepared by _____ Date_____