



ALVIN COMMUNITY COLLEGE
 OFFICE OF DISABILITY SERVICES
 ods@alvincollege.edu
 281-756-3531

REQUEST FOR INSTRUCTOR NOTIFICATION

 Print Name

 SSN

Letters requested on _____
 Date

___ Prepare current, appropriate letter for all classes.
 Letters will be picked up on _____.
 Date

OR

___ Prepare current, appropriate letter for all classes EXCEPT,
 1. _____
 2. _____
 Letters will be picked up on _____.
 Date

AND/OR

___ Prepare current TBA or Internet letter.
 ___ E-mail to instructor.
 ___ Letters will be picked up on _____.
 Date

I realize it is my responsibility to contact each of my instructors to discuss these accommodations and make special arrangements as needed.

Letters received on _____
 BY _____
 Signature

For office use only:
 Request Rec'd _____ it _____ Letters Prepared _____ it _____ Letters e-mailed _____ it _____
 Released Letters _____ it _____ Instructions signed _____ it _____ Instructors Reply date _____
 Method of Contact 1 _____ Date _____ Contact 2 _____ Date _____