NEW MEXICO TECH
SCIENCE • ENGINEERING • RESEARCH UNIVERSITY

Student Name: _____ Banner ID: _____

E-mail: _____Phone: _____

Semester: (**Mark One**) ☐ FALL ☐ SPRING ☐ SUMMER   Year: _____

I am requesting Letters of Accommodation for the following:

(Check ONLY if this pertains to you)

Department (example MATH)	Course No. / Section (example. 101-01)	Instructor/Prof/TA	Note-taking Express	Alt. Text	Other

My Academic Advisor is: _____

I, the undersigned, authorize the staff providing disability accommodation services to contact relevant New Mexico Tech student services staff, faculty or administration to share information pertaining to my accommodation(s) for the purpose of coordinating appropriate services and determining any necessary and reasonable academic accommodations.

_____   _____
Student Signature   Date

The institution will provide accommodations to students with disabilities to enable students to meet institutional standards without compromising the Academic Integrity of the course, program, assignment or activity.

Revised 6-20 TEK