



Name: \_\_\_\_\_ Banner ID# 900\_\_\_\_\_

Email: \_\_\_\_\_@student.nmt.edu Contact #: \_\_\_\_\_

Semester:             FALL    SPRING    SUMMER   Year: \_\_\_\_\_

I am requesting Letters of Accommodation for the following:

Department (example MATH )	Course No. / Section (example. 101-01)	Instructor/Prof/TA

**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.**

Focused education in science and engineering

Office for Disability Services • 801 Leroy Place • Brown Hall • Rm 20 • Socorro • NM • 87801  
575-835-6209 • [disability@nmt.edu](mailto:disability@nmt.edu) • <https://nmt.edu/disabilityservices.php>

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