



Accommodation Letter Request Form

Office of Counseling & Disability Services (OCDS)

NW Fidel 1st floor Room, 150 • Phone: 575-835-6619 • Fax: 575-835-6001

www.nmt.edu/counseling-services

disability@nmt.edu

Date _____

Student Name: _____ Tech ID #: _____

E-mail: _____

Semester: **(CIRCLE)** FALL SPRING SUMMER year: _____

I need accommodation letters for the following:

(mark these columns ONLY if it pertains to you)					
Department (example MATH)	Course No. / Section (example. 101-01)	Instructor/Prof/TA	Note-taking Express	Alt. Text	Housing Acco.

My Academic Advisor is: _____

_____ Disability services may disclose what my disability(ies) is/are and provide specific recommendations to my instructors

_____ Disability Services MAY NOT disclose information about my disability other than to request my accommodations.

Student Signature

Date