



# ACCOMODATION LETTER REQUEST FORM

Office of Disability Services, Vera Low Center for Student Enrichment  
325 Cherry Avenue, McKenzie, Tennessee 38201  
(o) 731-352-6406 | (f) 731-352-4208 | gibsonw@bethelu.edu

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SEMESTER REQUESTED: FALL: \_\_\_\_\_ SPRING: \_\_\_\_\_ SUMMER: \_\_\_\_\_

I hereby request the Office of Disability Services to prepare accommodation letter(s) for distribution to the following professors:

Professor's Name <i>(Title, First, Last)</i>	Course, Class Number, and Section <i>(example: American History I/HIST 2010-01)</i>	Class Location	Class Time	Auxiliary Aid Service Requested				
				Chair	Table	Note Taker		Interpreter
						Note Taker ID		
						YES	NO	
						YES	NO	
						YES	NO	
						YES	NO	
						YES	NO	

STUDENT'S NAME (print): \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

BETHEL EMAIL ADDRESS: \_\_\_\_\_ STUDENT SIGNATURE \_\_\_\_\_

:  
**Accommodation Letter Pick-Up Date**  
*(all accommodation letters can be picked up after 12 noon on the day they are due)*

**Signature of Person Receiving the Form**

\_\_\_\_\_