



**ACCESSIBILITY RESOURCES**

**Accommodation Letter Request Form**  
(Undergraduate/Graduate Students only)

_____	_____	_____
First Name/Last Name (print)	Date	Semester
_____	_____	_____
Art Degree Program	Specific Art Area	Classification (C1, C2, C3, C4)
_____@artist.uncsa.edu	_____	
UNCSA Email Address	Phone/ Cell	

**Please read the following and check the appropriate boxes.**

- I certify that my documentation is current and has been submitted to the Coordinator of Learning Resources.
- I certify that my documentation clearly indicates accommodations recommended by a credentialed professional.
- I understand that the accommodations are only current for this semester, and that I need to request letters for each term.
- I understand that accommodations are not provided retroactively.
- I understand that it is my responsibility to notify professors of my accommodation requests and to seek help when needed.

**Releases: I authorize staff in the office of Learning Resources to communicate with the following on my behalf:**

\_\_\_\_\_[initial] Professors \_\_\_\_\_

\_\_\_\_\_[initial] Parents/Spouse (name) \_\_\_\_\_

\_\_\_\_\_[initial] Counseling Center \_\_\_\_\_

\_\_\_\_\_[initial] Others: (please list) \_\_\_\_\_

Consent for the above release(s) is applicable till the end of the semester for which this request is made. Consent may be revoked in writing at any time.

\_\_\_\_\_

Student Signature                      Date

\*Please pick up your letters within 2 days after you make this request.

Course #	Course Name	Professor	Accommodations Requested

Please complete this form and submit it to:  
Accessibility Resources – UNCSA

1533 South Main Street, Winston-Salem, NC 27127-2188

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