



ALVIN COMMUNITY COLLEGE  
 OFFICE OF DISABILITY SERVICES  
 ods@alvincollege.edu  
 281-756-3531

**REQUEST FOR INSTRUCTOR NOTIFICATION**

\_\_\_\_\_  
 Print Name SSN

Letters requested on \_\_\_\_\_  
 Date

\_\_\_ Prepare current, appropriate letter for all classes.  
 Letters will be picked up on \_\_\_\_\_.  
 Date

**OR**

\_\_\_ Prepare current, appropriate letter for all classes EXCEPT,  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 Letters will be picked up on \_\_\_\_\_.  
 Date

**AND/OR**

\_\_\_ Prepare current TBA or Internet letter.  
 \_\_\_ E-mail to instructor.  
 \_\_\_ Letters will be picked up on \_\_\_\_\_.  
 Date

**I realize it is my responsibility to contact each of my instructors to discuss these accommodations and make special arrangements as needed.**

Letters received on \_\_\_\_\_  
 BY \_\_\_\_\_  
 Signature

For office use only:  
 Request Rec'd \_\_\_\_\_ it \_\_\_\_\_ Letters Prepared \_\_\_\_\_ it \_\_\_\_\_ Letters e-mailed \_\_\_\_\_ it \_\_\_\_\_  
 Released Letters \_\_\_\_\_ it \_\_\_\_\_ Instructions signed \_\_\_\_\_ it \_\_\_\_\_ Instructors Reply date \_\_\_\_\_  
 Method of Contact 1 \_\_\_\_\_ Date \_\_\_\_\_ Contact 2 \_\_\_\_\_ Date \_\_\_\_\_