

Disability Accommodation Request

Student Name: _____

Date of Request: _____

Email: _____

Phone: _____

Program/Major: _____

Reasons for request

To whom it may concern:

A student at Divine Word College is requesting a disability accommodation. Students requesting disability accommodations must present Divine Word College with a certification of the disability by a medical professional. Therefore, this student is coming to you to request an evaluation for certification of their disability status and for suggested accommodations based on your particular expertise. We have provided this letter to the student requesting an accommodation to facilitate communication between our mostly international non-native English speaking students and you, the medical provider.

Under the ADA, an individual with a disability is a person with a physical or mental impairment that substantially limits one or more major life activities.
