

Accommodation Letter Request Form

Please fill out the following and return it to the Disability Resource Center receptionist.
You can also submit your request online at www.dso.ufl.edu/drp

_____		_____
Semester		Year

Name	Class/college (ex: 3LS)	UF ID #

Local Address (<u>including zip code</u>)		Phone #

e-mail address (@ufl.edu)		Today's Date

Please check here if your address has changed in the past six months.

Course #

Professor

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Please pick up your accommodation letters at least **two (2) days** after this request form is turned in.