



Student Accommodations & Support Services
 Alumnae Library
 Telephone: 413-265-2333
 Email: hendersont@elms.edu
 Director, Tynisha Henderson

Accommodation Letter Request Form

Request Date: _____

First and Last Name: _____

Email Address: _____@student.elms.edu
 (Our office will only use the official Elms email address to communicate)

Term: Fall Spring Winter Summer 1 Summer 2

- I am requesting Student Accommodations & Support Services (S.A.S.S.) to write a letter on my behalf, identifying my registration with S.A.S.S. and a listing of accommodations I am currently receiving.
- I understand that it is my responsibility to deliver the accommodations letter(s) to my instructor(s) and return the signed document(s) to the S.A.S.S. office. Faxed or electronic copies require prior approval.
- I understand that once the request is completed, S.A.S.S. will prepare the letter (s) within four working business days and it is your responsibility to pick up the letters or print the letters emailed to you.

I have read and agree to the above responsibilities statements.

Student Signature: _____ Date: _____

Course	Description	Day & Time	Instructor