



Office for Disability Services

575-835-6209

disability@nmt.edu

<https://nmt.edu/disabilityservices.php>

Student Name: _____ Banner ID: _____

E-mail: _____@student.nmt.edu Phone: _____

Semester: **(Mark One)** FALL SPRING SUMMER Year: _____

I am requesting Letters of Accommodation for the following:

(Check ONLY if this pertains to you)

Department (example MATH)	Course No. / Section (example. 101-01)	Instructor/Prof/TA	Note-taking Express	Alt. Text	Other

My Academic Advisor is: _____

I, the undersigned, authorize the staff providing disability accommodation services to contact relevant New Mexico Tech student services staff, faculty or administration to share information pertaining to my accommodation(s) for the purpose of coordinating appropriate services and determining any necessary and reasonable academic accommodations.

Student Signature

Date

The institution will provide accommodations to students with disabilities to enable students to meet institutional standards without compromising the Academic Integrity of the course, program, assignment or activity.