



CALIFORNIA STATE UNIVERSITY
Stanislaus
Request for Professor letters

Student Name: _____ Student ID: _____ Date: _____
 Phone Number: _____ Email: _____ Semester: _____

INSTRUCTIONS: Enter ALL INFORMATION below carefully and completely. Mark only approved accommodations you are requesting this semester. Submit this form to DRS. Thank you.

Students' Primary Campus _____ Stockton _____ Main (Turlock)

Course	Professor	Online	Distance Learning	Note taking	Testing	Textbook Alternate Format	ASL/ Captionist/ FM System	Cart	Furniture in class	Tape record	Special Equip

Comments/Additional Request: _____

Student Signature: _____ Date: _____

Office Use Only

Date Received: _____ Date Letters Ready: _____ Date Professor Letters picked up: _____

Disability Resource Services

One University Circle | MSR300 | Turlock, CA 95382 | T 209.667.3159 | F 209.667.3585 | csustan.edu/disability-resource-services

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