

Appeal for Denied Accommodation Request

[Your Name] [Your Address] [City, State, Zip Code] [Email Address] [Phone Number] [Date]

[Recipient's Name] [Recipient's Title] [Organization/Institution Name] [Address] [City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the denial of my request for accommodations related to my disability. My initial request, submitted on [date of original request], was for [brief description of requested accommodations]. This request was denied on [date of denial], citing [reason for denial].

I would like to provide further clarification regarding my situation. [Explain your disability and how the requested accommodations will assist you in managing your condition. Include any relevant documentation or supporting information that was not part of your original request.]

In light of this information, I respectfully request that you reconsider my application for accommodations. I believe that the provided accommodations will not only assist me in [explain how the accommodations help you], but will also ensure that I can fully participate and succeed in [describe the context, e.g., your job, academic program, etc.].

Thank you for considering my appeal. I am looking forward to your response and hope for a favorable reconsideration of my request. Please feel free to reach me at [your phone number] or [your email address] if you need any further information.

Sincerely,

[Your Name]