

Request for Disability Accommodation

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request accommodations for my disability while accessing services provided by [Organization Name]. My name is [Your Name], and I am [a brief description of your situation, e.g., a client, a patient, etc.]. I have been diagnosed with [specific disability], which affects my ability to [describe how your disability impacts your interaction with the service].

To facilitate my access to [specify the service or program], I would like to request the following accommodations: [list specific accommodations needed, e.g., wheelchair access, sign language interpreter, etc.].

I appreciate your attention to this matter and am hopeful for your cooperation in ensuring that services are accessible to me. I can be reached at [your phone number] or [your email address] if you need any further information or clarification.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]