

Confirmation of Approved Disability Accommodations

Date: [Insert Date]

Recipient: [Insert Recipient Name]

Address: [Insert Recipient Address]

Dear [Recipient Name],

We are pleased to inform you that your request for disability accommodations has been approved. The following accommodations will be provided to support your needs:

- [Accommodation 1]
- [Accommodation 2]
- [Accommodation 3]

Please feel free to contact us if you have any questions or require further assistance regarding your accommodations. Your success and comfort are our top priorities.

Thank you for your attention, and we look forward to supporting you.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Contact Information]