

# Notification of Disability Accommodations

Date: [Insert Date]

To: [Institution Name]

Office of Disability Services

[Institution Address]

[City, State, Zip Code]

Dear [Recipient's Name or "Disability Services Coordinator"],

I am writing to formally notify you of my need for disability accommodations at [Institution Name]. I am a [current student/prospective student] enrolled in the [specific program or course] and I am registered with the Office of Disability Services.

Due to my disability, I require the following accommodations to ensure my equal participation in the academic environment:

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

I have attached the necessary documentation from my healthcare provider that outlines my disability and the recommended accommodations. I appreciate your attention to this matter and your assistance in implementing these accommodations as soon as possible.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any further information or clarification.

Thank you for your understanding and support.

Sincerely,

[Your Name]

[Your Student ID (if applicable)]

[Your Program/Department]