

Request for Driver's License Renewal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Department of Motor Vehicles]

[Department Address]

[City, State, Zip Code]

Dear [DMV Official's Name or "To Whom It May Concern"],

I am writing to formally request the renewal of my driver's license, which is set to expire on [insert expiration date]. Due to medical reasons, specifically [briefly explain medical condition], I am seeking an extension for my renewal.

Attached are my medical documents that outline my condition and support my request for renewal. I hope that my situation will be taken into consideration, and I appreciate any assistance you could provide in expediting this process.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]