

Petition for Exemption from Diagnostic Tests

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Title/Position]

[Institution/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an exemption from the diagnostic tests required by [insert specific program or institution] for [reason for the request]. Despite the importance of these assessments, I have encountered [brief explanation of circumstances or reasons justifying the exemption].

Based on [mention any relevant laws, regulations, or policies], I believe I qualify for an exemption under [specific criteria if applicable]. I have attached supporting documentation, including [list any documents you are including, if any].

I kindly ask for your consideration of my request, and I am willing to provide further information if needed. Thank you for your attention to this matter.

Sincerely,

[Your Name]