

Allergy Accommodation Request Approval

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Position]

[School/Company Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to inform you that your request for allergy accommodations has been approved. We appreciate your cooperation in providing the necessary documentation and details regarding your allergy concerns.

Effective [Insert Effective Date], the following accommodations will be implemented:

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

We are committed to ensuring a safe and supportive environment for all individuals. If you have any further questions or require additional adjustments, please feel free to reach out.

Thank you for your understanding and collaboration.

Sincerely,

[Your Name]

[Your Position]

[School/Company Name]

[Contact Information]