

# Letter of Appeal for Additional Disability Accommodations

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Recipient Name]

[Title, if applicable]

[School Name]

[School Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request additional disability accommodations for my educational pursuits at [School Name]. As you are aware, I have previously been granted certain accommodations due to my disability, [briefly specify your disability], which have allowed me to progress in my studies.

However, I find that my current accommodations are insufficient in addressing the ongoing challenges I face in my academic environment. Specifically, [explain the specific challenges and why current accommodations are inadequate]. In light of this, I am requesting [list the specific additional accommodations you are seeking].

Attached to this letter, you will find supporting documentation from my healthcare provider that outlines my needs in greater detail. I believe these additional accommodations will significantly enhance my ability to succeed in my education.

I would appreciate the opportunity to discuss this matter further and am willing to provide any additional information as needed. Thank you for considering my request. I look forward to your response.

Sincerely,

[Your Name]

[Your Student ID, if applicable]