

Confirmation of Approved Disability Accommodations

Date: [Insert Date]

To: [Recipient Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to inform you that your request for disability accommodations has been approved. The following accommodations will be provided:

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

Please feel free to reach out if you have any questions or if further assistance is needed. We aim to ensure that you have a supportive and accessible environment.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]