

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Organization/Company Name]

[Organization/Company Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to request documentation regarding the necessary accommodations I require for my disability. As per our previous discussions, I am seeking adjustments to facilitate my performance and ensure an equitable environment.

Please let me know what specific documentation or information you need from my healthcare provider to process my request. I am willing to provide all necessary details while ensuring the confidentiality of my medical information.

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

Sincerely,

[Your Name]