

# Notification of Change in Disability Status

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Organization/Company Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally notify you of a change in my disability status as of [Date of Change]. My prior disability status has been updated as follows:

- Previous Disability Status: [Detail prior status]
- New Disability Status: [Detail new status]

Please let me know if you require any further documentation or information regarding this change. I appreciate your understanding and support in this matter.

Thank you for your attention to this important update.

Sincerely,

[Your Name]