

Medical Condition Disclosure Letter

Date: [Insert Date]

To: [Recipient's Name]
[Department/Office Name]
[Institution Name]
[Address]

Dear [Recipient's Name],

I am writing to formally disclose my medical condition as required for my academic records and to discuss any necessary accommodations that may assist me in my studies.

I have been diagnosed with [briefly describe the medical condition], which may impact my [explain how it affects your academics, e.g., attendance, participation].

To ensure my academic success, I would appreciate your support in providing appropriate accommodations such as [list specific accommodations needed, e.g., extended time on assignments, access to additional resources].

Please feel free to reach out to me if you require any documentation from my healthcare provider. I am happy to discuss how we can work together to facilitate my academic experience.

Thank you for your understanding and support.

Sincerely,

[Your Name]
[Your Student ID]
[Your Contact Information]