

# Request for Special Accommodations

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title/Position]

[Organization/Institution Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request special accommodations due to health issues that have impacted my ability to fully participate in [work/school/activities]. After consulting with my healthcare provider, it has been advised that I receive specific accommodations to support my health needs.

My specific requests include:

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

These adjustments are crucial for me to maintain my health while effectively fulfilling my responsibilities. I am committed to working with you to ensure a smooth process in implementing these accommodations.

Thank you for considering my request. Please let me know if you need any further information or documentation from my healthcare provider.

Sincerely,

[Your Name]