

Request for Special Assistance

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Date]

[Recipient's Name]

[Recipient's Title]

[Organization/Institution Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request special assistance due to health issues that have significantly affected my daily activities and ability to [specific task or situation].

As documented in my medical records, I have been diagnosed with [brief description of health condition]. This condition requires [specific accommodations needed, e.g., more time, special equipment, etc.], which I believe will allow me to continue to participate fully in [specify context, e.g., work, school, etc.].

I kindly request your support in implementing these accommodations so that I can [mention your goal, e.g., perform my duties effectively, complete my studies, etc.]. I am happy to provide any additional documentation required to facilitate this request.

Thank you for considering my situation. I look forward to your positive response.

Sincerely,

[Your Name]

[Your Phone Number]