

Request for Special Assistance Appeal

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Title/Position]
[Organization/Institution Name]
[Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my request for disability accommodations at [Organization/Institution Name]. I believe that the initial request did not fully address my needs as a person with [specific disability].

To summarize my situation, I require [describe the specific accommodations needed], which are crucial for me to access and participate fully in [describe activity, program, or environment]. I have attached additional documentation from my healthcare provider supporting my request and outlining my ongoing needs.

I appreciate the consideration given to my initial request, but I kindly ask for a review of my appeal, taking into account the information provided. It is essential for my [academic/professional/personal] success that these accommodations be implemented.

Thank you for your attention to this matter. I look forward to your prompt response and am hopeful for a favorable outcome.

Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]