

Notification of Ongoing Disability Needs

Date: [Insert Date]

To: [Recipient's Name]

Title: [Recipient's Title]

Department: [Recipient's Department]

Institution: [Institution's Name]

Address: [Institution's Address]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally notify you of my ongoing disability needs as a student at [Institution's Name]. As a reminder, I have been diagnosed with [specific disability] and continue to require academic accommodations to ensure equitable access to my education.

Below are the specific accommodations I am requesting:

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

I appreciate your attention to this matter and your support in facilitating my academic success. If you need any further documentation or would like to discuss this in more detail, please feel free to contact me at [Your Contact Information].

Thank you for your understanding and assistance.

Sincerely,

[Your Name]

[Your Student ID]

[Your Program/Field of Study]

[Your Contact Information]