

Disability Support Request Authorization

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Organization/Agency Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request authorization for disability support services due to my [briefly describe your disability/condition]. This request is essential for my [explain why support is necessary, e.g., educational, occupational, etc.].

Enclosed are the necessary documents, including my medical records and any relevant assessments, to support my request for assistance.

Thank you for considering my application. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature if sending a hard copy]